THE

TIMES AND REGISTER.

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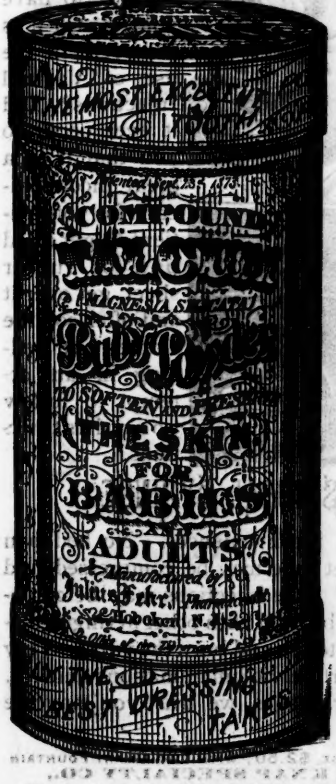

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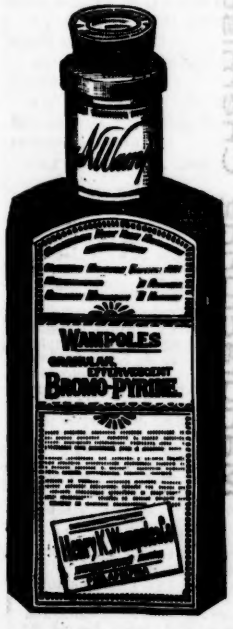

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THIS list has been compiled by Dr. Waugh, and contains what he would recommend to a physician who desires to lay in a stock of these convenient preparations for his own dispensing. There are many other remedies that are essential to the modern practice of medicine: but for various reasons they are not suitable for use in this form. The quantities have been carefully calculated, so that articles of common use appear in several forms or in larger quantities than those more rarely employed. The following notes may explain further the motives for selection:

1. The use of alkaloids hypodermically is to be encouraged; as tending to accuracy of diagnosis and of medication: and certainly of results. A full list is given; and the more frequent use of morphine provided for by inserting three salts, of diverse strength.

2. Very few compounds are included; as a greater variety of agents is thus secured, in the given limit: and every physician should be able to make his own combinations at will. Exception is made in the case of a few combinations, of special value and common use: such as the laxative triturate, and the lozenge of morphine and ipecac.

3. Acetanilide is entered in ½ gr. tablets, as most convenient for children. For adults, four or more may be given at a dose. Antipyrine is omitted on account of its high price, which has led to the general substitution of acetanilide.

4. Arsenic appears in five forms, of various strengths. Surely enough, even of this valuable drug.

5. Tartar emetic is often useful in small doses. The $\frac{1}{10}$ gr. tablet is selected, as smaller doses may easily be prepared, by dissolving a tablet in any given number of tablespoonfuls of water. Thus, one tablet with ten spoonfuls of water gives $\frac{1}{100}$ gr. per spoonful. The same may be said of many other remedies in the list: and explains the restriction to our size of drugs used in many sized doses.

6. Arsenic sulphide deserves a place and a trial for the sake of Dr. Louis Lewis, who brought it into notice.

7. Atropine represents belladonna so fully that no other preparation of this plant is needed.

8. If creasote be required in larger doses than one grain, it should be administered hypodermically, in fluid cosmoline.

9. Cupric arsenite is called for frequently, from Dr. Aulde's strong recommendation.

10. Euonymin, gelsemium, leptandrin, and a number of other drugs adopted from the Eclectics, deserve a far more general trial than thay have yet received. Several others would have been included, as irisin, if they had been in any manufacturer's list.

11. Viburnum has established a place in the treatment of menstrual disorders.

12. Digitalin can scarcely be held to represent foxglove closely enough to warrant the substitution of the former. The hypodermic list, however, contains enough for any one who wishes to try the experiment.

13. Ox-gall is as surely indicated as pepsin, and should be used as frequently.

14. Eight chalybeates should afford a sufficient range of choice.

15. Six mercurials are about enough. The subsulphate bottle will probably become dusty, but is prized highly by many, in croup.

16. Morphine sulphate renders other opiates unnecessary: though convenience is consulted by adding the three hypodermic salts, Dover's, and a lozenge of morphine and ipecac.

17. The small dose of pilocarpine, is because it is not often used. So with santonin.

18. Strychnine sulphate renders nux and ignatia superfluous. The compounds are all unnecessary.

19. Lobelia occupies a place not filled by any other remedy. Its remarkable "drying" powers, in excessive secretions, are not so widely known as they should be.

20. Sanguinaria will stimulate the bronchial mucosa when all else has failed.

21. Trinitin is given in $\frac{1}{10}$ gr. tablet, as a larger surply can thus be carried: and the dose can be so easily divided, $\frac{1}{100}$ gr. is enough.

22. Cimicifuga and phytolacca have their uses: the one in chorea, the other in mastitis; where they cannot well be replaced.

23. Dr. Waugh could hardly overlook the sulpho-carbolate of zinc, or lactophosphate of lime.

24. Cannabis is an exasperating drug: continually coming up as a remedy for something in which other remedies are always a little better.

25. Gold threatens to be a fad. We put in enough to afford a trial.

26. Naphthaline is inserted for experiment.

27. Phenacetin cannot in all cases be replaced by the cheaper acetanilide.

28. Resorcin has had such strong recommendations in intestinal complaints that it should be generally tried; though we do not believe it compares with the sulpho-carbolate.

29. Salol has a value in cystitis that nothing approaches: unless it be pichi; and that is not a good drug for a triturate, as the dose is too large.

30. The succinate of soda has the one excuse for its existence, in its power in preventing gall-stone colic.

31. Sulfonal is costly, and yet it must be included: as it is the best of hypnotics.

32. Zinc phosphide amply fills the place of phosphorus. In treating neuralgia, it is of great value to make a powerful impression on the disease: to be followed by less energetic remedies.

33. The children take kindly to the wafers of quinine tan nate and chocolate.

34. Many other remedies are to be found in the lists, but are not recommended; as grindelia and rhubarb, which require too large a dose; valerian, whose odor is objectionable. etc., etc.

TRITURATES, 500 EACH.

Acetanilide, 1-2 gr. each	$0 60
Acid. arseni, 1-20 gr. ea	40
" benzoic, 1 gr. ea	60
Aloin, 1-5 gr. ea	50
Al., bel., str. and ipe	60
Ant. and pot. tart., 1-10 gr. ea.	40
Arsenic brom., 1-60 gr. ea	40
" sulphid, 1-30 gr. ea	40
Atrophine sul., 1-100 gr. ea	60
Bismuth subnit., 2 gr. ea	1 00
Calcii sulphid, 1-8 gr. ea	40
Cerii oxalat, 1 gr. ea	50
Creasote, 1-4 gr. ea	40
Cupri arsenit, 1-100 gr. ea	40
Euonymin, 1-8 gr. ea	40
Ext. serpentarii, 1-4 gr. ea	60
" viburnum, 1 gr. ea	60
" digitalis fl., 1 gr. ea	45
Fel. bovin, 1 gr. ea	40
Ferri arsenit., 1-8 gr. ea	45
" redact., 1 gr. ea	45
Hydrarg. bichlor., 1-20 gr. ea.	40
" ch. nit., 1-4 gr. ea	40
" iod. vir., 1-4 gr. ea	50
" ox. flav., 1-35 gr. ea.	40
" subsulph., 1-2 gr. ea.	45
Ipecacuanha, 1-8 gr. ea	40
Lithii carb., 1-2 gr. ea	55
Morphine sulph., 1-8 gr. ea	1 00
Ol. amygd. amor., 1-10 gr. ea.	40
" erigeron, 1-10 gr. ea	40
" tigili, 1-10 gr. ea	40
Pilocarpin mur., 1-50 gr. ea	80
Dover's, 2 1-2 gr. ea	60
Santonin, 1-4 gr. ea	$0 60
Strychnine sul., 1-40 gr. ea	40
Tr. aconite, 1 gr. ea	40
" gelsemii, 3 gr. ea	40
" hydrastis, 3 gr. ea	40
" lobelia, 3 gr. ea	40
" quassia, 5 gr. ea	40
" sanguinar., 3 gr. ea	40
" scillæ, 3 gr. ea	40
" senega, 5 gr. ea	40
" strophanthin, 2 gr. ea	45
Trinitrin, 1-20 gr. ea	40
Bland's	1 00
Tr. cimicifuga, 2 gr. ea	65
" cantharidis, 1 gr. ea	50
" colchicum, 2 gr. ea	65
" phytolacca, 1 gr. ea	50
Zinc. sulphocarb., 1 gr. ea	50
Tr. verat. vir., 2 m	40
Ext. gentian fl., 2 m	45
	$26 95

——00——

PILLS, 100 EACH.

Ammon. bromide, 10 gr. ea	35
Calc. lactophos., 5 gr. ea	30
Ergotin, 1 gr. ea	35
Ext. cannab, ind., 1-4 gr. ea	25
Ferri protocarb., 5 gr. ea	30
" citrate, 5 gr. ea	30
" and myrrh	25
" iod	20
" and potas. tart	30
Gold & soda chlor., 1-20 gr. ea	40
Pil. hydrarg., 5 gr. ea	$0 30
Leptandrin, 1-2 gr. ea	25
Naphthaline, 2 1-2 gr. ea	25
Pepsin, 1 gr. ea	55
Phenacetin, 3 gr. ea	1 20
Potas. nitrat., 5 gr. ea	25
Quin. bisulph., 2 gr. ea. (200).	80
Resorcin, 3 gr. ea	35
Salol, 2 1-2 gr. ea	60
Sod. salicylat., 5 gr. ea. (200)	1 10
" succinat., 2 gr. ea	85
Sulfonal, 15 gr. ea., No. 10	75
Zinc phosphide, 1-12 gr. ea	20
Quin., tannat. and chlor	45
	$10 40

——00——

HYPODERMIC TABLETS, 20 in each tube.

Atropine sulph., 1-60 gr. ea	10
Apomorphin. mur., 1-10 gr. ea	20
Aconitin, 1-60 gr. ea	24
Cocaine mur., 1-6 gr. ea	24
Conine hydrobrom., 1-80 gr. ea	10
Caffeine, 1 gr. ea	18
Curarin sulph., 4-60 gr. ea	12
Digitalin, 1-100 gr. ea	10
Duboisin. mur., 1-60 gr. ea	11
Eserine sul., 1-60 gr. ea	15
Hydrarg. ch. cor., 1-30 gr. ea	10
Hyoscyamin. sul., 1-60 gr. ea.	12
Hyoscine hyd., 1-100 gr. ea	22
Morphine sul., 1-4 gr. ea	14
" bimec., 1-8 gr. ea	12
" mur., 1-6 gr. ea	13
Pilocarpin mur., 1-8 gr. ea	$0 20
Picrotoxine, 1-40 gr. ea	10
Physostigmin. salic., 1-40 gr. ea	15
Quin. carb. amid., 2 gr. ea	35
Strychnine sul., 1-60	10
Spartein sul., 1-30 gr. ea	10
Trinitrin, 1-100 gr. ea	10
Codein, 1-8 gr. ea	20
Ergotin, 1-10 gr. ea	20
	$3 87

——00——

LOZENGES.

Acid tannic, 1-2 gr. ea., 1 lb	70
Soda-mint, 1 lb	50
Resin guaiac, 2 gr. ea., 1-4 lb.	23
Potas. citrat., 3 gr. ea., "	75
" bicarb " "	45
Soda " " "	45
Potas. chlorat " "	45
Ammon. chlor., 3 gr. ea " "	60
Potas. brom., 5 gr. ea " "	1 15
" iod., " "	1 00
Tar, 1 lb	55
Morph. and ipecac, 1 lb	75
Cubeb, ol. res., 1-2 gr. ea., 1-4 lb.	40
Eucalyptus, 1-4 lb	25
	$8 78
Hypodermic tablets	3 87
Pills	10 40
Triturates	26 95
Total	$50 00

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PAGE

CLINICAL LECTURE.

ANGINA PECTORIS. By Prof. Nothnagel, Vienna - - - - - - - - - - - - - - 153

ORIGINAL ARTICLES.

SUMMER DIARRHŒA. By William G. Stewart, M.D. - - - - - - - - - - - - - 156

SOME FACTS EVERY PRACTITIONER OUGHT TO KNOW ABOUT SQUINT. By Albert Rufus Baker, M.D., Cleveland, Ohio - - - - 158

SOME OBSERVATIONS ON THE SEA VOYAGE IN THERAPEUTICS. By P. S. Donnellan - 160

EDITORIALS.

ANIMAL PRODUCTS AS REMEDIES - - - - 163

PERNICIOUS LITERATURE - - - - - - - 163

ANNOTATION.

Periodical Melancholia - - - - - - - - - 164

LETTER TO THE EDITOR.

Phthisical Contagion. *Seilikovitch* - - - - 164

BOOK NOTICES.

Transactions of the Thirty-fourth Annual Session of the Medical Association of the State of Missouri - - - - - - - - - - 164

Practical Intestinal Surgery. *Robinson* - - 164

The Pocket Anatomist. *Leonard* - - - - 164

THE MEDICAL DIGEST.

Strychnine in Alcoholism - - - - - - - 164

For Metrorrhagia. *Waugh* - - - - - - 164

For Cardiac Dropsy - - - - - - - - - 164

For Summer Diarrhœa. *Waugh* - - - - 164

Subinvolution of the Uterus. *Hirst* - - - 164

Gonorrhœa in Any Stage. *Med. World* - - 164

Benzole in Whooping cough. *Robertson* - 165

The Prevention of Phthisis. *Weekly Medical Review* - - - - - - - - - - - - 165

British Medical Association. *The Lancet* - 165

GERMAN AND RUSSIAN NOTES. *Marcus* - 170

Sublimate-lanoline Salve in Erysipelas. *Deutsche Mediz. Zeitung* - - - - - - 170

Gonorrhœa. *Hanika* - - - - - - - - - 170

Europhen, A New Iodine Product. *Siebel* 170

Success With the Use of Europhen in All Venereal Diseases Except Gonorrhœa. *Eichhoff* - - - - - - - - - - - - 170

Oxalic Acid in Amenorrhœa and Acute Cystitis. *Marsh* - - - - - - - - - 170

Therapie of Huckleberry. *Winternitz* - 170

Hydrotherapie in Croupous Pneumonia of Children. *Fodor* - - - - - - - - 170

A New Solution of Camphor. *Rossner* - 171

Ichthyol. *The Korrespondenz Blatt f. Schweizer Ærzte* - - - - - - - - - 171

Dermatol. *Sackur* - - - - - - - - - - 171

FRENCH NOTES. *Roussel* - - - - - - - 171

The Treatment of Diphtheria. *Loeffler* - 171

Ether as a Vehicle for Medicaments for External Use. *Sawyer* - - - - - - - 171

New Application of Salol. *Ceppi* - - - 171

Glycerole of Tannin for the Eruption Produced by Iodoform. *Micherkiewicz* - 171

The Best of Antiseptics for the Mouth. *Dujardin-Beaumetz* - - - - - - - - 172

MEDICAL NEWS AND MISCELLANY, 172

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - 172

NOTES AND ITEMS - - - - - - - iv, xii

Clinical Lecture.

ANGINA PECTORIS.

BY PROF. NOTHNAGEL,
VIENNA.
(Translated by Herman D. Marcus, M.D.)

GENTLEMEN: I beg to introduce to your notice a patient who suffers from an insufficiency of the mitral valve and aorta, not on account of his valvular complaint, but because he presents a condition which is of the greatest importance in the study of heart diseases. The history of this patient shows that he had an attack of malarial fever in 1859, which attack returned in 1860 and 1866, and in each case continued for some weeks. During the winter of 1889 he had influenza, which was followed by palpitation apparently without cause and complicated with pains in the heart region, and such violent attacks of dyspnœa that the patient thought himself dying, and was forced to leave the bed quickly so as to be able to regain his breath. These attacks returned frequently, and noticing that they appeared more frequently after a late supper, he gave up his evening meals entirely.

During last May violent pains in the cardiac region and palpitation were experienced, recurring after two hours, followed after a lapse of a half hour by dyspnœa. After ten days this condition disappeared. At present, patient complains only of occasional dyspnœa which, however, disappears on deep inspiration.

We see also in this case, that the patient, while suffering from a valvular complaint, presents symptoms which, independent from this lesion, are of a positive character. This being not a typical case of angina pectoris, I must add a description of the symptoms of this disease. The history which the patient brings to us does not show us a true picture of such symptoms which are typical of the condition known as stenocardic attacks, stenocardic angina pectoris, angina Heberdeni (called after Heberden, who first described it). In all cases of heart diseases which I presented to you heretofore, we found no subjective symptoms except dyspnœa, which was due to excessive activity on the part of the patient. Here we find a new element in the symptomatology of heart diseases,—the pain. I told you that pain may occur in a number of these diseases, a pain which commences as hyperalgesia in the heart region and extends over the thorax. In these cases the pains have a positive character, occur in attacks which are called, as I mentioned above, stenocardic attacks.

These attacks are described by patients as the most horrible conditions which man could positively have. The characteristic point is the sense of annihilation, the sense of perishing and dying, felt by such patients. Those who have not experienced the nature of such pains are entirely unable to understand the torment of this ailment. I felt once for a few moments such a condition, and I can understand what suffering a patient stands when attacked for minutes by this affection.

It is the most horrible state a man can experience. The fear of annihilation—being at the time in full possession of his mental faculties—must be the most uneasy sensation to be felt by man. This, combined with the pains in the cardiac region, makes the state to be endured more horrible and foreboding. The patients state that they are attacked by lancinating pains in the heart region, experiencing at the time a sense as if the heart would cease beating and life would ebb away. The pain does not confine itself to the cardiac region, but extends over the left half of the thorax to the left arm, and even to the fingers. Rarely the pain extends to the right side, still it may extend to the right arm. Besides the sense of pain, the patient may have paræsthesia of one or the other upper extremity, temporary deafness, a tickling sensation, formication and a passing weakness, and a paresis of the left upper extremity. The sense of dyspnœa also appears, but is not as intense as the horrible fear of losing the life and the pain associated with it. These symptoms will differ in their intensity and duration. Some patients will be attacked by this feeling only a few times during their life, while others will have repeated attacks. Some only have

a slight attack, while others experience it in its fullest intensity.

The objective conduct of these patients, though, is different, and does not agree with the subjective declarations.

Very often the patient will be a picture of intense fright and anxiety. If attacked on the street, and, as a rule, the symptoms do not manifest themselves slowly, but come on while the patient is in the best of health, the poor sufferer looks for support, leans against a wall or tree, and stands painfully quiet, most of them knowing instinctively that only the most perfect quietude will make the attack bearable. The face does not show their suffering, though at times it may exhibit a scared, timid look; the breathing is generally quiet, though the patient has a sense of dyspnœa; sometimes we find the respiration irregular, quick and then slow—once deep, then hardly noticeable. In patients who suffer from arterio-sclerosis, or chronic interstitial nephritis, the sudden attacks and high dyspnœa resemble very much bronchial asthma, and even the most expert diagnostician may sometimes confound them. In one patient we may find irregularity of the pulse, while the other's pulse may be quiet and even, and, though experiencing a most horrible attack, the respiration and pulse are normal. On another occasion the attacks differ, and we find the pulse irregular and presenting qualities which are symptomatic to certain anatomic heart diseases. Again, the heart-sounds may have a fœtal character, the sounds become hollow, lose the characteristic rythmus peculiar to healthy adults, and become more intense, while the pulse becomes frequent and weak. The heart-beats become noticeable to the patient, and even the physician may feel a sort of vibration. In other cases the pulse becomes exceedingly slow. Traube, who suffered himself of these attacks, experienced this phenomenon himself. Once, while suffering horribly through one of these attacks, Traube observed that his pulse fell to 28 per minute, after which he became unconscious. You see, then, that in some cases the frequency of the pulse is reduced greatly, and some authors claim to have seen a still lower pulse ratio than Traube experienced on himself.

The loss of consciousness, as described by Traube, is not necessarily a symptom, and when present is due to the lowered activity of the heart, the overcoming pain and the sense of approaching death; all these symptoms, if appearing intense and sudden, may bring on a loss of consciousness.

Other complaints which may be present, such as nausea, vomiting, pain in distant nerve regions, such as the cervical and lumbar plexuses, painful attacks in the abdominal organs, make the attack still more characteristic.

No objective symptoms can be found except those due to the primary cause, or disease of these attacks, and which then will differ in patients.

Variations of this picture may be found, such as cases where the pain does not extend beyond the cardiac region, and only the sense of anguish and fear occurs, or even the pain in the heart region is not at all present, but the sense of oppression and fear is combined with a pale face and a small pulse. The diagnosis may become even more difficult, when, without any cardiac symptoms, the patient complains of temporary paræsthesia and difficult breathing. I already mentioned that the pain may be present in distant parts of the body.

The attack may last a few seconds, another time some minutes, or even hours, in which case we must conclude that a number of attacks follow each other in short intervals.

We must now consider under which conditions this complaint occurs, and how can we explain it?

Angina pectoris occurs under different conditions and different ætiologic circumstances. Though changeable in its intensity and nature the main characteristics, such as the pain, the sense of oppression and annihilation, and the shooting pains to the arms are always present.

We must distinguish three groups of angina pectoris:

1. Pseudo-angina pectoris, known as such, not because the patient has no pains, but on account of the causation lying in other complaints than those of the heart itself.

2. Cases which occur in connection with atheroma or calcification of the coronary arteries. Germain-Sée, Ziegler, Leyden, and others, have accentuated the connection of changes in the coronary arteries and angina pectoris, while Cohnheim has proven the fact by experimenting on animals.

This is the most difficult and least curable condition.

A third group occurs with valvular diseases, and

4. We have a pseudo angina which is present with diseases of other organs.

Heberden and others have proven that in some cases of angina pectoris no anatomical lesions of the heart have been found, and for a long time the opinion of Heberden, that angina pectoris is caused by spasms of the blood-vessels, beginning on the aorta and extending to the vessels of the upper and lower extremities prevailed. Now, after close study, it has been found that the causation lies in sclerosis of the aortic system, especially the coronary arteries. This sclerosis of the coronary arteries forms a most important point of angina pectoris. That the coronary arteries may be easily affected by arterio-sclerosis is easily explained.

But this condition of the coronary arteries is not always present in angina pectoris. I have found that idiopathic hypertrophy of the heart, fatty degeneration or concretio cordis are never or only rarely associated with angina pectoris, but we often find this condition in connection with valvular troubles, especially those of the aorta. This fact has been found by observers, such as Payer, Germain-Sée, and Romberg. In 1,500 cases of valvular lesions which I have examined I found that only once angina occurred with stenosis ostii venosi sinistri, but in this case only two attacks occurred during one year. Further, the diagnosis of this case has not been fully proven, and as no autopsy had been performed this case could not be accepted as an exception that angina pectoris is caused by any other valvular lesions than insufficiency or stenosis of the aorta, or both combined.

Another variety of cases in which angina pectoris is observed shows no lesions of the aortic valves, but diseases of the aortic walls, viz., aneurisms. Aneurisms are a frequent cause of angina pectoris, and it is well, on examining the patient, to look for an aneurism.

The fact, gentlemen, that angina pectoris occurs only with lesions of the aortic valves and not with those of the mitral valve, has brought me to an idea that these attacks may be explained in a particular manner. I will dwell upon this point later on. I have told you before that this complaint may occur in an anatomically normal heart. We may thus find typical symptoms of angina pectoris in nervous, neurasthenic persons, especially after they heard

others complain of this condition. Then we find these symptoms in cases of poisoning, especially tobacco poisoning. Then again we find them as reflexes in dyspepsia, called the dyspeptic asthma, which complaint disappears after regulating the diet or treating the dyspepsia.

The question now is, What are these complaints? where do they originate?

The picture of an angina case reminds one forcibly of a neuralgia. Romberg calls the stenocardic of Heberden a neuralgia of the cardiac plexus, and we must acknowledge that this is the opinion of the day, and that we do not know whether this is the only seat of this affection. The other symptoms lead us to believe that the tracheal and brachial plexusses are also affected; but we do not know whether these pains are transmitted over the central nervous system or over the peripheral centers. I beg to remind you of the shoulder pains in liver complaint. Here we conclude that the pains are conducted through the phrenic nerve to the brachial plexus; and in like manner we must explain the pains in the arm. Whether these pains come direct from the heart muscle or not is a question which we can neither prove nor disprove.

I told you before, that I think that partially, or at least in some cases, these pains are purely pains of the vessels. My opinion is that the arteries are sensitive of violent impressions in pathological conditions; pains may originate from the arteries, and then these anginal complaints, which we find connected with aneurisms, insufficiency or stenosis of the aortic valves, may be caused by diseases of the arterial walls.

Many authors thought to find the cause of these attacks in a sudden increasing weakness of an already weakened heart, causing an acute ventricular enlargement, due to an abnormal collection of blood. To prove this supposition, it has been shown that very often this attack occurs when the blood-pressure has been suddenly raised, such as after bodily exertions, undue excitement, or excessive eating. Against this theory, other authors claim that weakness of the heart is not essential to produce such an attack, and that weakness of the heart is not always present as a symptom. On this account, these authors have endeavored to show other reasons for the occurrence of these attacks, and Germain Sée and Huchard think it to be due to an acute insufficiency of blood in the heart-muscle. If the heart is not excited, no symptoms are present, but as soon as the patient exerts himself in any way he experiences pains; a passing anæmia of the heart occurs, which is combined with excitement of the sensory nerves, and which may cause a weakness in the action of the heart-muscle.

The prognosis of these attacks differs. Light attacks may pass away without any special subjective symptoms; others may cause the patients terrible suffering, and often the first attack may terminate fatally. The moment the patient experiences the sudden pain and sense of constriction he may fall dead. With others, death occurs after suffering of some hours, combined with increasing weakness of the heart. When the frequency of the pulse falls to 28 beats per minute, or even less, and becomes so small as to be hardly felt; when the sense of annihilation becomes so great that the patient loses consciousness; when, again, a whole branch of one of the coronary arteries is stopped up by an embolus and no more blood is furnished to the ventricle, then you may understand that the attack may terminate in death. It is, therefore, very important to be careful in your prognosis, when attacks follow one another in quick succession. The further prognosis depends on the causation of the complaint. The prognosis is unfavorable in fatty heart, or in very nervous patients. If the attacks are due to neurasthenia, tobacco poisoning, or stomachic trouble, then the prognosis is favorable.

The treatment of angina pectoris is manifold, and depends upon its primary cause. If due to excessive smoking, this must be *entirely* prohibited; if due to an affection of the stomach, by curing the stomach you will cure the angina. A neurasthenic patient should be sent to resorts such as Gastein, Tueffer, Henhase's, etc.; or order him hydropathic treatment; or use electricity. Any of these methods will be successful.

But what will we do in cases which are caused by endarteritis of the aorta, valvular lesions of the aorta, aneurisms, or sclerosis of the coronary arteries?

In such cases we will use, firstly, treatment which we apply in sclerosis of the arterial system. I mention here regulation of diet, drinking of alkaline waters; and of medicines, the nitrites. Of these nitrites we may use nitrite of sodium, nitro-glycerine, and amyl nitrite. I will say that I know of no better remedy than nitrite of amyl to combat these stenocardiac attacks. You can, and you must, use these remedies; and you will then be mostly successful in treating this affection. But I beg of you to use caution, and not to begin with these remedies in every case of arterial sclerosis or valvular lesion, because the nitrates may not act beneficially, and may prove dangerous. Nitro-glycerine may be employed with success in attacks where violent pains predominate and the disease is diffused over the artery; as to its use in thrombosis of the coronary artery, I have had no experience. But I recommend nitro glycerine preparations in attacks which originate in the small arteries—those painful sensations which characterize the typical stenocardiac attacks. There may be cases which remain unaffected by this treatment; but the majority of them will quickly improve.

Nitrite of amyl should be used for each individual attack. When the prodromes of an attack begin, nitrite of amyl should be inhaled; and a few inhalations of this drug will prove very beneficial in combatting the attack. But we will find cases in which we must do more; in which we desire to cure the attacks in their entirety. For such a case you will prescribe nitro-glycerine in tablets of $\frac{1}{150}$ gr. or $\frac{1}{300}$ gr. I generally begin with $\frac{1}{150}$ gr. every morning for one week; the second week I give two $\frac{1}{150}$ gr. tablets daily; the third week three tablets daily; the fifth week five tablets daily, which is my maximum dose; though I saw cases which stood larger doses without any inconvenience. I remember a patient who took the enormous dose of $\frac{1}{2}$ gr. daily without any ill effects. As soon as you notice intoxication caused by the drug, you will reduce the daily dose by $\frac{1}{150}$ gr. every week. You must impress the patient not to take more than $\frac{1}{150}$ gr. at a dose, and when prescribing three or more doses daily, state the exact time when to take the medicine, so as to prevent the stage of intoxication. Some patients cannot take this drug well, and in such cases we must dispense with its use. The symptoms which we find after using nitro-glycerine or nitrite of amyl are: A sense of heat in the head, congestions, giddiness, and intense headache. When these symptoms appear, the use of the drug must be stopped for eight days or more, and then again begin with a single dose daily

until reaching the dose which the patient was able to stand. With this dose you will treat for some weeks, and then gradually reduce the dose.

Should the nitro-glycerine not show its desired effect, then you will have to use morphine, which may also not be successful in every case.

In non-organic forms of angina it is difficult to say whether to use stimulants or narcotics. If the angina is complicated with fatty heart, use excitants, the most preferable being injections of camphor. Other remedies, such as digitalis, strophanthus, or caffeine, have no, or very little, influence on angina pectoris. You may also use ice on the cardiac region, or other like remedies; but no general rule can be set for such remedies, as some will prove beneficial in one patient while failing utterly to relieve another.

Original Articles.

SUMMER DIARRHŒA.[1]

By WILLIAM G. STEWART, M.D.

GENTLEMEN:—We, as practitioners of medicine and surgery, are gradually drifting from the old empirical methods of the past into a rational field, at whose entrance stands the guide post—pathology. In place of prescribing blindly on the "hit or miss" plan, as was done fifty years ago, we can now treat almost every disease by rational and selective methods. This also suggests that the days of heavy dosage are almost past, and physicians have come to realize the necessity and importance of hygienic and dietetic treatment, with a minimum amount of medication. Another great point that forces itself upon us, is the influence of the physician's mind upon that of the patient. Although not a believer nor an advocate of the modern theory of "faith cure"—so called—I am more and more convinced that good results can only be obtained by impressing your patient with the fact that you thoroughly understand your business, and by obtaining his or her confidence. When confidence on the part of the patient is lacking, good results rarely follow our treatment.

Disease, which primarily means not at ease, is a departure from the normal physiological or anatomical standard of the part affected, and either is functional or organic.

The subject for our consideration at this time is improperly classed as a disease by most authorities, whereas it is simply a symptom of some other pathological process. With this brief introductory review, let us for a short time sudy the general symptom:

SUMMER DIARRHŒA.

Diarrhœa is defined by Gould as "An abnormal frequency of evacuation of the fæces, which are watery and sometimes acrid." The author's definition is: "Diarrhœa is not a disease, but merely a symptom of local or constitutional disturbance, manifested by frequent abnormal passages from the bowels."

Under the head of summer diarrhœa are classed all those affections due to improper diet, drink, hygienic measures, and changes of temperature; and characterized by an abnormal number of loose stools preceded, followed, or accompanied by varying degrees of pain and uneasiness. Diarrhœa, coming from psychical causes, and such diseases as typhoid, typhus, and allied disorders, does not come under our consideration.

Cause.—Summer diarrhœa occurring in the adult or children over five years of age, is due to eating unripe or fermented fruit; spoiled fish or meat; drinking impure water or milk; exposure to heat of the sun and sudden changes of temperature. A very prolific cause is a combination of crabs or oysters, eaten with tomatoes and some sweet, and is the most frequent factor met with in our popular summer resorts.

Summer diarrhœa occurring in babes under five years of age, is caused by feeding on contaminated or improper milk; exposure to heat and cold, combined with the irritation of teething, or the presence of parasites in the intestinal canal. Children who have been accustomed to wear a flannel belly-bandage are almost certain to have an attack of diarrhœa or cholera-infantum, if it is taken off for a few days or a week. The practice of giving babies unboiled water to drink, during the summer season, is another important cause.

Pathology.—The recent investigations and demonstrations of pathologists have shown and proved beyond a doubt that every fermentative and, probably, every disease process is dependent upon the presence of some microörganism known to us as a germ; and studied under the head of micro-biology. The question that naturally arises is, How can germs produce diarrhœa, and what relation do they sustain to articles of diet and drink?

Properly prepared articles of diet, when taken into the stomach of a healthy individual, are acted upon by the natural digestive fluids of the body; nutritive principles are absorded and waste products, antisepticized by bile (the natural antiseptic of the intestinal canal) pass through the intestines as non-irritants and are evacuated. At another time, the same individual feels slighily indisposed; irritated by the heat; inactive. Improper food is taken into the stomach; functional activity is lessened, and the imporperly digestive food passes into the intestines where there is a lack of normal bile. Under the favorable conditions of heat and moisture here, decomposition or fermentation rapily ensue, with the production of carbon dioxide gas and irritating products. The irritating products (ptomaines of the germs), by their action on the mucous membrane of the bowel, cause a condition of hyperæmia and, by their constant irritation to the vaso-motor supply of nerves, cause an increased blood pressure in the peripheral capillaries, with an exudation of a semi-serous, salty liquid into the gut. This exudation, mixed with portions of the fermented food, passes through the whole canal, irritating the entire mucous membrane as it passes, until it reaches the rectum. This portion of the alimentary canal is supplied with a sensitive mucous membrane that is greatly irritated by the excoriating products; a great desire to go to stool exists, together with a relaxed tonicity of the sphincter ani. The frequent desire to get a stool is caused by portions of the irritating liquid in the rectum. But, all does not end here. The irritating products are also absorbed and taken into the general circulation, and produce sapræmic symptoms—fever, headache, and general malaise, in severe cases. Colic is caused by a hyperæsthesia of the peripheral sympathetic nerves supplying the intestines, caused by the irritating products and over-distension by the carbon-dioxide gas present. When the case per-

[1] Read before the Cumberland County (Penn'a.) Medical Society at its quarterly meeting held in Carlisle, July 14, 1891.

sists for any length of time, the condition of hyperæmia is changed to one of true inflammation and, later on, ulceration. Muscular cramps are caused by the rapid loss of the watery principles of the blood. Duodenitis, ileocolitis, and colitis, are only varieties of one and the same process and take their nomenclature from the parts affected and the variation of symptoms. This brief reference to the pathological process, then, establishes the point that summer diarrhœa is not a disease, but merely a symptom pointing to some irritating cause.

It would be useless for me to review the symptoms and prognosis of this condition, as they are all so familiar that they need no repetition.

Treatment.—In the treatment of this condition, as well as all others, we should first seek for the cause, and direct our measures against it, rather than lock up the bowels by the regulation prescription of bismuth and Dover's powder. Referring to the pathology, and taking it as our guide, the first indication in every recent case, as well as most of the advanced cases, is to eliminate the poisonous and irritating products lying in the intestinal canal. You should no sooner think of beginning your treatment by the administration of astringents than you would of closing a wound without removing all foreign bodies, or treating an inflamed eye without removing an irritating cinder. Elimination should always be the first step. Begin your treatment with a free calomel purge—a full dose of castor oil or syrupus rhei aromaticus, the latter being preferable in children. Although your patient has been more or less weakened by former discharges, it must be remembered that fermented and decomposed food may still remain, and will not be evacuated unless aided by cathartics. Frequently the case ends here, and requires no further medication. You must bear in mind that cathartics must be used with the utmost caution when the case passes from the simple stage of summer diarrhœa into an inflammatory stage.

If, after the action of the cathartic, the case should still continue, recourse must be had to intestinal antiseptics and astringents. The list of remedies recommended is legion, and each practitioner has his favorite drug or combination. Three indications must be met:

1. Neutralization or destruction of the poisonous products remaining; to be accomplished only by intestinal antiseptics (antiferments).

2. To diminish intestinal secretion by astringents.

3. To restore vaso motor tone and overcome the spasmodic element present.

There are two remedies that fulfill these indications to a limited extent, namely, sulpho-carbolate of zinc and arsenite of copper.

Sulpho-carbolate of zinc, alone or in combination, is one of the most efficient and valuable remedies at our command. It is a non-irritating, crystalline, astringent salt, administered in doses of ¼ to 4 or 5 grains. "Sixty grains in one day caused no toxic symptoms." I have used, for nearly three years, the following combination, with the greatest success, in more than two hundred cases of adults and children:

℞.[1]—Zinci sulpho-carbolatis ..... gr. ¾.
Bismuthi subnitratis,
Lacto-peptine. (N. Y. Pharm. Ass.).....āā gr. j.

M.—Sig. One powder, capsule, or compressed tablet every one or two hours until diarrhœa is checked, then lengthen time as necessary.

[1] This combination is prepared by H. C. Blair's Sons, Philadelphia, in the form of a compressed tablet, as W. Blair Stewart's "No. 6."

I have yet to meet with a single case that would not respond to this treatment when associated with proper hygiene and diet. The sulpho-carbolate acts as a sedative to the stomach, an intestinal antiseptic, an antispasmodic, and an astringent. Lacto-peptine is a digestant, and will frequently check cases of summer diarrhœa when given alone. Bismuth is sedative to the mucous membrane, slightly antifermentative, and astringent. This combination makes a rational method of treatment, borne out by clinical observations.

One one-hundredth of a grain of cupri arsenitis, thoroughly triturated with sugar of milk, dissolved in half a glass of water that has been previously boiled, and given in teaspoonful doses every fifteen to thirty minutes, as indicated, relieves diarrhœa and colicky pains. Poor results will always follow the use of an improperly-prepared trituration, and the remedy must not be condemned nor discarded for this reason. Probably the preparation of Parke, Davis & Co. is among the best. Dr. John Aulde, of Philadelphia, has done much to bring this remedy into prominence by his valuable tabulation of results obtained by its use in treatment, and the articles written upon it by him.

Aside from these two remedies is a valuable combination of calomel and pulv. ipecac, āā gr. $\frac{1}{100}$, triturated with sugar of milk, and given every one or two hours. This combination is especially valuable in children, as it is so easily administered, and does not suddenly check the discharges from the bowels. It also causes a normal secretion from the liver. This may seem like the "similia ad similibus," but I do not use it, nor present it to you as such. We are privileged to use any remedy that may prove efficient, independent of all claims of "pathy."

Salol is the stand-by for many physicians, and, when given in 1 or 5-grain doses, alone or in combination, acts very nicely. Bichloride of mercury, administered by many as an intestinal antiseptic, is very unreliable, from the fact that it forms an albuminate of mercury with the albumins in the stomach, and is inert as far as antiseptic virtues go. Beta-naphthol, naphtholine, carbolic acid, creasote, tannin and the tannates, hydrogen-peroxide, and many other remedies, answer nicely in certain groups of cases; but for a reliable stand-by the sulpho-carbolate of zinc is probably the best.

Thus far I have not mentioned opium and its preparations as used by many in every case, severe or mild. Are you justified in treating summer diarrhœa with opium or its preparations? and when is it indicated?

Opium, in small doses, is a stimulating narcotic; it increases arterial tension; diminishes secretion, except that of the skin and breast; retards or completely suspends gastric and intestinal digestion; lessens peristaltic action, and is antispasmodic. After-effects of opium are depressing, causing nausea, vomiting (at times), headache, constipation. Are such effects desirable when other remedies will accomplish the same end without the disagreeable after-effects? Opium will, undoubtedly, check or retard many cases of diarrhœa, but the evil after-effects have caused me to strike it from my list in treating summer diarrhœa, except in cases to be mentioned later. Pulvis opii et ipecacuanhæ (Dover's powder), in doses of $\frac{1}{20}$ to 1 grain, given alone or in combination, is a common remedy. The virtue of this combination lies in the small dose of the pulvis ipecacuanhæ present, and it alone will give as good, if not more desirable, results than by its com-

bination with opium. In treating diarrhœa we want to avoid substituting one evil—constipation, nausea, headache, and indigestion—for another, hence, it is better to avoid opium, alone or in combination. Again: Opium so retards gastric and intestinal secretions to such an extent as to prevent digestion of any food taken, thus aiding in placing and keeping undigested irritating and fermenting food in the gastro-intestinal canal.

Severe pain and colic preceding, accompanying or following attacks of summer diarrhœa may be relieved quickly by the frequent administration of arsenite of copper, previously mentioned, the administration of aromatics, with hot applications over the painful point. As a last resort—or, in very severe cases, the only resort—administer a full dose of morphine sulph., with atropine sulph., hypodermically. This, I should say, is the condition where opium is really indicated, even though the after-effects may be undesirable. Morphine may be given by the stomach, if administered in hot solution, but the action is much more certain when given hypodermically, and the after-effects do not seem so bad.

The after-treatment of every case of summer diarrhœa is necessarily symptomatic.

Hygienic Treatment.—Upon this and dietetic treatment rests the success of our medication. It is our duty, as soon as called to see a case of this kind, to place our patient in a cool, sweet, well-ventilated room of the house, and compel him to remain there quietly during the hot period of the day. Never put him in a damp parlor or room that is kept constantly closed to the air and sun-light, and never opened except for an occasion of this kind, or for visitors. If not too sick, allow the patient to repose in some shady nook or corner of a cool porch or lawn. Absolutely forbid him attending to his duties in the hot sun, as this only acts as an aggravating cause. Excitement, business cares, and every responsibility, must be reduced to a minimum to obtain best results.

Children usually present the most refractory cases, and should never be allowed to go two hours without wearing the regulation flannel or woolen belly-band—the great protector against summer complaints—of course, not infallible, by any means. Keep the child clothed in a cool, light dress; never allow it to lie in the direct rays of a mid-day or afternoon sun during the hot months; see that the hot hours are spent in sleep or rest in a cool room, and much will have been done to abort attacks and lessen their severity should they come. Keep the bowels regular and the body scrupulously clean by frequent daily bathing. Avoid exposure to foul or contaminated air and every possible cause.

Dietetic Treatment.—"What shall I eat? and what shall I avoid?" are the great questions. The less food the patient takes during a short attack, the better will be the results. All green vegetables, sour or tainted milk, fruit or bulky foods, are to be avoided temporarily. The lightest, most easily digestible diet is to be instituted. Among some articles of diet are to be found: bread and milk, thoroughly scalded or boiled; chicken or meat broths; beef tea is not very nourishing, and contains too much waste or excrementitious matter from the meat; tapioca, sago, rice or arrow-root pudding, prepared with little sugar; pig's-feet jelly; wine jelly; a soft-boiled egg; roast potatoes; a little scraped beef, baked; Bovinine. As drinks, he must avoid ice-water and unboiled milk; lemonade, made without much sugar, and used moderately, is not objectionable. Milk must be previously boiled, and given with a little lime-water added. Rice or barley-water is sometimes desirable.

Young children must be fed on breast milk, or thoroughly sterilized prepared milk or foods. Never allow a child to use water that has not been previously boiled. If there is cause to think that the food is at fault, it must be changed for some reliable prepared food, and given in small quantities, at regular intervals, rather than larger quantities at irregular periods. At times, it is necessary to give them nothing but rice or barley-water for one or two days, until the attack is broken.

Many other medicinal, hygienic and dietetic measures exist, but I will leave them to be brought out in the discussion, rather than prolong this article.

Before closing, I wish to firmly ingraft the points already made:

1. Summer diarrhœa is not a disease, but is a symptom.

2. Seek for the cause; remove it if possible, and let your motto be "elimination."

3. Do not treat on the mere plan of astringency, but follow the principles of intestinal antisepsis, with sulpho-carbolate of zinc heading the list.

4. Avoid opium, its preparations, derivatives and combinations, unless absolutely indicated.

5. Hygienic and dietetic measures must never be neglected, but should be the first points considered and mentioned.

6. Be master of the situation! Thoroughly inform your patient or nurse in charge of what must be done, and what must not be done, and, with these points in view, few cases of summer diarrhœa will fail to respond to treatment.

NEWVILLE, PA.

SOME FACTS EVERY PRACTITIONER OUGHT TO KNOW ABOUT SQUINT.[1]

BY ALBERT RUFUS BAKER, M.D.,
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I MEET doctors all over the country who do not know the difference between a hypermetropic and a myopic astigmatism—practitioners who do not possess an ophthalmoscope or trial lenses, and who would not know what to do with them if they had them, who say, "I make no pretentions to treat eye diseases, except those of the most trivial character, such as granular lids and *simple operation to cure strabismus.*"

When I answer such remarks by saying that there are few subjects in the entire field of ophthalmology requiring so much judgment and such a wide knowledge of the anatomy and physiology of the eye, and so thorough a mastery of the intricate subjects of refraction and accommodation, as the treatment of squint, I generally lose in the esteem of doctors of this class the reputation I may have as an oculist. Two or three unsuccessful operations often serve to modify this unfavorable opinion very materially. As an illustration of the frequency of the failure of operations for squint, in the hands of surgeons not having a thorough knowledge of refraction and accommodation, and the optical principles involved in the treatment of these cases, I may quote the following statistics of consecutive cases, as revealed from my case-book in private practice:

[1] Read before the Ohio State Medical Society, June 18, 1891.

Advancement of the internal rectus has been performed thirty-two times, and thirteen of these were cases in which the surgeons had divided the internal recti too freely, and the case of simple convergent squint was changed into a marked divergent squint, leaving the patient in a much worse condition than if no operation had been performed. Several of these cases occurred at the hands of surgeons of undoubted skill. During the same period of time, eighty-four cases of convergent squint have been operated upon, and twenty-seven of these cases had been operated upon by other practitioners unsuccessfully. Some of them had been subjected to as many as eight to ten operations.

One of the facts every practitioner should know about squint is that no surgeon should perform an operation for cross-eyes who is not competent and prepared to make a careful scientific examination of the patient's refraction, and prescribe spectacles accordingly. There are thousands of cases of squint scattered all over the country who have been operated upon unsuccessfully, or who have knowledge of unsuccessful operations, and who go through life with this deformity uncorrected, because nearly every young graduate of medicine who has seen a few operations performed in the clinical amphitheatre, when a student, thinks himself competent to make the operation, and experiments on the first case he meets. It is not surprising that the operation has fallen into disrepute in the minds of laity.

Another fact every practitioner ought to know about squint is that the object to be gained by treatment is not only a cosmetic one, but to establish and preserve binocular vision.

The person suffering from squint sooner or later becomes to all intents and purposes blind in one eye. He has a blind side. He, to a large measure, has lost the "perspective sense," and cannot judge of distance.

Is the ambylopia of the squinting eye the cause or the effect of the squint? The weight of opinion seems to be that the theory of Donders is in the main true. The squint depends upon hypermetropia and the interdependence of accommodation and convergence; the ambylopia is the result of disuse, psychical exclusion, or suppression. The leader of the opposition is Schweiger, of Berlin. He thinks the ambylopia is monocular and congenital, or that it precedes and is one of the—if not the sole—causes of the squint. Cuignet sadly misunderstands or misrepresents Donders' theory, and brings forward the strange theory that the child conceals the squinting eye beneath the internal angle and under the shadows of the nose and brow because of photophobia. A "reflex" exercised by the defective eye is juggled with.

The strongest argument brought against the views of Donders is, that all children are hypermetropic, and consequently, the connection between hypermetropic and squint is not so evident as heretofore supposed. There are several answers to this observation. There is undoubtedly a difference in individuals! Some are able to exercise greater accommodation with less convergence than others. They have more "play" in this respect and are able to resist the tendency to squint. It has also been shown that the average amount of hypermetropia is much greater in squinting than in non-squinting children. Mr. Frost finds in his own practice that hypermetropia under 1 d., which is common in children, is seldom associated with squint. A majority of his strabismus cases had a refraction of over 2 or 3 d. of hypermetropia, and over 10 per cent. had h. of over 6 d.

Mr. Snell's cases of squint averaged over 4.25 d. of hypermetropia.

Landolt quotes the following conclusive experiment as proving that hypermetropia has a tendency to produce a squint: "If we possess binocular vision, let us fix a near object, cover one eye, the left for instance, and place a concave glass before the right. This eye will not change its direction, but will continue to see clearly, but the effort of accommodation which it is forced to make in order to neutralize the negative glass, imposes itself at the same time on the other eye, and provokes in the latter a converging strabismus of a degree corresponding to the power of the concave glass. The existence of this strabismus may be easily established objectively, and manifests itself subjectively by a hommonymus diplopia at the moment when the diaphragm is removed from in front of the left."

It is certainly a matter of almost every day experience with practical ophthalmic surgeons, that the correction of the ametropia is frequently all that is necessary to cure the squint the moment the glasses are laid aside.

Another fact every practitioner ought to know about squint, is that most cases can be cured without an operation. One hundred and ninety-eight consecutive cases of convergent strabismus occurring in my private practice, one hundred and six, or more than one-half of the entire number, were cured without an operation. I say they were *cured* advisedly, because when I commenced using spectacles for the cure of strabismus, I found that when I charged fifty dollars for an operation for strabismus, patients paid it willingly, but when I charged fifty dollars for fitting spectacles, even though it required infinitely more skill and time than was required for the operation, strenuous objection was made to paying so large a fee, so as to keep my patients, and at the same time secure a moderate fee, I fell into the habit of charging a stipulated amount, and if the spectacles did not effect a cure, I agreed to make the operation without additional cost to the patient. In this way, with very few exceptions, I have been enabled to follow my cases to complete recovery. A review of these cases has suggested a number of interesting questions. We may have determined accurately the refractive condition of each eye, and yet be at a loss to know what lenses to prescribe. The glasses that are theoretically correct may be absolutely refused by the patient. The number of changes made in these prescriptions is a painful attestation of this fact. Must the whole amount of the error of refraction be neutralized? If there is a difference in the refractive condition of the two eyes, shall both eyes be corrected fully? If one only, what is to be done with the other? Must the spectacles be worn all the time? When, and how long should atropia be used? When will two pair of spectacles be needed? What are the indications for decentering the lenses, and what for prisms? The question of personal appearance also has to be taken in consideration, and will have a decided influence in rendering a verdict as to what style of frames shall be worn, eye-glasses or spectacles, which? These are problems that require the best judgment and try the skill of the oculist.

Every case presents a problem to be solved, as a general rule. The nearer a full correction of the error of refraction is attained the better. In order to do this accurately the accommodation should be paralyzed with atropia in every case. Spectacles should always be given in preference to eye-glasses.

Treatment based upon these facts, viz.: that the squint is due to the error of refraction, that binocular vision can be restored, and that squint can be cured without an operation has met with the most gratifying results. If cases are seen early and treated carefully it may be a question whether it is even necessary to make an operation.

Mothers are as a rule accurate observers of their children's ailment, and I am constrained to put more confidence than formerly in the statements frequently made by mothers, such as the following: "My child's eyes were not crossed until he had an attack of the measles or some other illness, or had a slight injury of one eye, and it was tied up for a few days; when the bandage was taken off the eyes were crossed, or he imitated a cross-eyed playmate, or he amused his little sister by making eyes." These children might have gone on through life without squinting, but for the trifling incident that for a short time unbalanced the natural tendency there is in all cases to establish and preserve binocular visions, but owing to the excessive nervous stimuli that is sent to the internal rectus in all cases of hypermetropia the squint soon becomes permanent The practical application of this observation is that many cases of squint may be prevented by a little timely advice to the mother.

While every case of hypermetropia does not squint, every case of squint is hypermetropic. The statement that once hypermetropic—always hypermetropic is not true, as will be attested by any one who has kept cases under observation year after year. I have notes of a case, a boy six years of age, brought to me about seven years ago, with convergent strabismus; he had two dioptries of hypermetropia. I gave him a pair of spectacles correcting the error of refrac tion fully. The eyes soon became straight; about two years afterward he returned and said he could not see the letters on the blackboard at school with his spectacles. I found that he had only one d. of h., and changed his spectacles accordingly. In about another year he came back complaining about his spectacles, and said that he could see better without them. I found that his refraction was normal, and ordered him to stop using spectacles. About a year ago he returned, complaining that he could not see the blackboard, and I found that he was becoming myopic, and at the present time he has about 2 d. of myopia. Here we have a typical case of squint with 2 d. of hypermetropia changing to emetropia and then to 2 d. of myopia in seven years. It is quite possible, that even though this boy had not been fitted with spectacles as the eyes changed to normal, the squint would gradually become less and finally disappear altogether. I have seen a number of such cases, but they are exceptions. Even though the refraction change to normal or even to myopia, the squint almost always remains, because the one eye usually becomes blind before the refraction has changed to normal, and no effort is made to establish binocular vision.

This observation has a very decided bearing upon the treatment of these cases. If we can preserve the sight of the eye until such time as the eyeball changes its form and becomes emetropic, or until the child is old enough to wear spectacles (which serves the same purpose as nature often accomplishes in changing hypermetropic eyes into normal ones), we treat our cases in accordance with scientific principles and secure perfect results. Fortunately this can be done very easily, simply give the mother a solution of atropia, instruct her to watch the child; if it commences using one eye *all the time*, put a drop of atropia in the fixing eye. This paralyzes the accommodation and compels the child to use the other eye. Repeat the atropia once or twice a week until the child begins to use the other eye. It may be necessary after a time to use the atropia in "the other" eye as it often becomes the fixing eye. As long as the child sometimes uses the right eye and sometimes the left, there need be no fear of the child becoming blind in one eye, and there is no necessity for using the atropia in this manner, although much benefit may be gained by using it in both eyes for a short time. Girls will usually wear spectacles satisfactorily at three and a half, and boys at four and a half years of age.

In treating cases of squint I have usually been governed by the following rules:

1. If the squint is alternating and the vision fairly equal in both eyes, it is seldom necessary to operate. A full correction of the ametropia will usually result in cure of the squint.

2. If the squint is fixed in one eye, but the vision of the squinting eye good, the same rule should be observed, excepting that atropia should be instilled into the working eye occasionally and possibly a patch kept over it, and orthopedic exercise indulged in as described by Landolt.

3. If the squint be fixed in one eye and the sight very defective, and no improvement after patient trial with lenses and covering good eye, only a cosmetic result can be attained. The operation should be performed any time after the sixth year.

4. If the squint be fixed in one eye and the vision of this eye is slightly defective, it is possibly undergoing deterioration from disuse, and should be carefully exercised, watched, and tested if the deterioration of vision appears to be increasing, an operation should be performed at once.

SOME OBSERVATIONS ON THE SEA VOYAGE IN THERAPEUTICS.

By P. S. DONNELLAN.

Licentiate Royal College of Physicians and Surgeons, Ireland. Late Medical Officer S. S "City of Rome." Formerly Physician Anchor Line, Peninsular and Oriental Service.

THE recent contributions of climatologists to medical literature have advanced our knowledge regarding the beneficial effects of residence in high altitudes, in certain cases of pulmonary and cardiac affections; but, except for an occasional paper in the journals, the sea voyage in therapeutics has not received that attention which, in my judgment, it merits.

Up to within a few years ago a sea voyage was an undertaking almost to be dreaded, on account of the comparative insecurity of the vessels, the high rate of passage for very inferior accommodation, and the absence of the many essentials known as "modern conveniences." Now all this is changed, and a voyage in a first-class steamship or sailing vessel is attended with as much comfort and safety as can be obtained in a well ordered residence or hotel, and at a moderate cost. Indeed, so great has been the demand for superior accommodation by those in search of health, change, and rest, that special steamships and sailing vessels have been constructed in which every attention is paid to the requirements of the most exacting invalids.

The special features of the sea climate are ably discussed by Dr. J. A. Lindsay[1]. He notes the al-

[1] *Amer. Journal Med. Sciences*, April, 1890, p. 350.

most perfect purity of the sea air, the absence from contamination by chemical vapor, factory smoke, sewer gas, malarial miasm, etc.; the free access of sunlight; the humidity, caused by the evaporation of the sea water; and the equable temperature, which in the tropics seldom varies more than 4° or 5° F. in the twenty four hours. These advantages contrast favorably with the atmospheric conditions on land, and are important factors in the hygienic treatment of those who suffer from pulmonary affections. The absence from worry or excitement; the freedom from business cares, from letters, telegrams, stock reports, the morning papers, and the exactions of society—all contribute to make a sea voyage an ideal change for the overworked business man or the neurasthenic woman.

In advising a patient to take a sea voyage it is important the case should be considered under the following heads, viz.:

1. The physical condition of the patient.
2. The direction and duration of the voyage.
3. Whether a steamship or sailing-vessel should be taken.

The physical condition of the patient, especially in pulmonary affections, demands the most careful attention. Cases in which there is evidence of active tubercular disease, with evening pyrexia, night sweats, hæmoptysis, or diarrhœa, do badly at sea. (Haber,[1] Lindsay,[2] Hilton Hagge,[3] Doyle,[4] Herman Weber,[5] Sir Thomas Watson.[6]) All these symptoms are much aggravated by the tropics, and "scores of these cases die every year in Australia, far away from home and friends, regretting with their dying breath that they ever left their own firesides on the advice of their medical attendants" (Doyle[7]).

Regarding the direction of the voyage, as a general rule pulmonary cases are most benefited by a voyage to Australia, via the Cape of Good Hope (the passage through the Suez Canal and Red Sea being avoided on account of the intense heat) to the Sandwich Islands in the Pacific, to Japan, or India, now such fashionable health resorts in the cool seasons from October to April; to the Azores, Madeira, or St. Helena; or, where a combination of short trips alternating with residence or shore is indicated, a cruise around the Mediterranean is desirable. For American invalids the Northern Transatlantic route is not to be recommended, on account of the sudden and extreme changes of temperature and the large amount of fog and "heavy" weather to be met with off the Banks of Newfoundland. The Southern course, via the Azores to Gibraltar, is almost devoid of these objections. In cases of nervous disease, and for those patients who are making the voyage for change of scene and rest, a much wider range of latitude and longitude may be allowed, and infinite variety of tours chosen from, an enumeration of which would be outside the scope of this article.

The duration of the voyage must be measured by the amount of time and money at the disposal of the patient; though, in pulmonary cases, at least, six months at sea are to be recommended.

The question as to whether a steamship or a sailing-vessel should be chosen is an important one. On a steamship the noises and odors from the engine-room; the pitching and rolling, so conducive to sea-sickness; the irritation caused by the smoke and the minute particles of coal from the furnaces, and the rapid transition from cold to the tropics, and *vice versa*, are some of the principal objections. While on board ship you have none of those drawbacks, the dreary weeks of calm in the tropics, the months of contemplation of an endless "waste of waters," and the helplessness of enforced idleness, are causes sufficient to depress the most sanguine temperament and to defeat the object in view, so that the question of steamship *versus* sailing vessel is a vexed one, and will have to be decided with due regard to the idiosyncrasies of the patient and the nature of his illness.

The sea voyage is especially indicated in patients suffering from incipient phthisis, in whom there are none of the grave symptoms previously noted. After a few weeks in the tropics the cough rapidly disappears, the appetite improves, and there is a marked increase in weight. All competent observers are agreed on beneficial effects of a long sea voyage in such cases. Patients who are imperfectly convalescent from pneumonia, pleurisy, typhoid fever, and surgical operations are much benefited, while the simple anæmia of puberty in girls soon disappears under the tonic and oxygenating effects of the sea air.

The treatment of amenorrhœa by an ocean voyage has received special attention from Dr. J. A. Irwin,[1] who states that a sea voyage is a most reliable emmenagogue in uncomplicated cases. My own experience is quite in accord with this observation, and I can recall a number of cases in which the flow returned at sea, not only in patients who had been amenorrhaic for several months, but in those whose age almost warranted the supposition that they had passed the climateric. Irwin[2] endeavors to explain this phenomenon.

1. By *physical* causes, due to the novelty of the situation.
2. *Ariel* causes, due to some special quality in the sea atmosphere.
3. *Material* causes, as a direct result of the unaccustomed motion of the vessel.

Patients suffering from hepatic or digestive disorders are seldom benefited by a sea voyage. Quite frequently their troubles are aggravated by the sameness of diet and the want of systematic exercise, which results in obstinate constipation.

Cases of rheumatic or gouty diathesis are, in my experience, unsuited for a sea voyage. Some of the worst cases of inflammatory rheumatism which have come under my care have occurred at sea, and it is well known that a large percentage of sea-faring men are incapacitated for active work at a comparatively early age by rheumatic arthritis.

A word may here be said as to the popular fallacy that it is impossible to take cold at sea. Nothing is more erroneous, as any physician of experience on ship-board can testify. The medical officer of a large passenger vessel is frequently called upon during the voyage to attend cases of pneumonia, pleurisy, bronchitis, tonsillitis, etc., contracted by those who imprudently imagined they could not take cold at sea.

No paper on the sea voyage would be complete did it not contain some reference to that *bête noir* of

[1] *The Practitioner*, London, 1876–7.
[2] *Loc Cit.*
[3] *Practice of Medicine*, Vol. I., p. 996.
[4] Voyaging for Health, *The Lancet*, 1890, Vol. II, p. 226.
[5] *Quain's Dictionary of Medicine.*
[6] *Practice of Physic*, London, 1843, p. 646.
[7] *Loc Cit.*

[1] Influence of Sea Voyaging on the Genito-urinary Functions. New York, 1885.
[2] *Loc Cit.*

ocean travelers—seasickness. It is not my intention to advance any new theory as to the pathology of this distressing affection, or to suggest another to the long list of "certain" remedies for its relief. I will only remark that in my experience seasickness is more severe in females, in persons of bilious temperament, and in those who suffer from digestive disorders. It is almost unknown in infants and in young children. It is, as a rule, mild in advanced consumptives, and in pregnant women who have passed the fourth month.

1122 WALNUT STREET, PHILADELPHIA.

THE LIGHT THAT FAILED.

And what of poor Koch and his wonderful squirt,
That would lay old King Tubercle low?
Can it be that he only struck for pay dirt,
And that that caused his wonderful blow?
Oh, where are the patients his votaries cured,
With their caverns and rhonchi so grim;
Their bacilli-filled sputum; the sweats they endured;
Their poor bones sticking out through the skin?
The hospital wards are all empty, they say,
And nurses and doctors alone
Remain to thank God they're permitted to stay
To mourn the poor victims long gone
To the uttermost parts of the country of shades;
To the land of the sweet bye-and-bye;
Where they're waiting to broil in the hottest of Hades,
Bob Koch when he comes from far Germany.

N. B.—Accent on the y in last line. Yes, we know the meter is bad. 'Tis a halting rhyme. That's on account of the lymph in it. Do you Koch on? There is more of it, too, that's almost as good as this. There is really, don't you know. Of course it doesn't look reasonable, but we often sit up all night writing such good stuff as this. We are now writing a passion play and a novel. Don't blush. We have mixed carbolic acid with our ink, and burned some salt peter on a shovel in our room. You see we believe in literary antisepsis.

Why is it that the American people cannot be really great and achieve something remarkable in medicine and surgery? Of course, the discovery of anesthesia, ovariotomy, the development of abdominal surgery and of gynecology are all well enough in their way, but what bugs have you discovered save the cimex lectularii, pulex irritans, and blata orientalis? Where's your lymph? ha! ha! where's your lymph? And echo answers "where?"

RUDYARD KIPLING.
—*Western Med. Rep.*

ASSOCIATION OF IDEAS.—"I want something," said a farmer, as he entered a Michigan avenue drug store the other day.

"Well, what is it?"

"I didn't tie a string round my finger, but I guess I can get around it all the same. What's the name of the lake below us!"

"Lake Erie."

"Exactly. What's the name of the bay the boat runs to?"

"Put-in Bay."

"Correct. Now, then, who put in there?"

"Perry."

"Straight as a string. I want ten cents' worth of perrygoric. My old woman said I'd be sure to forget it, but here's the proof that I didn't."—*World.*

THE MODERN DOCTOR'S EDUCATION.

When he was twenty-five years old our doctor graduated,
And men of commonplace ideas pronounced him educated;
But he took three years for travel, to learn the new pathology,
To study skin in old Vienna and Koch's bacteriology.

Then came a hard post-graduate course, which took him three years longer;
Then, though his health was very poor, his intellect was stronger.
His physical condition now approached emaciation;
His fraters ordered two years' rest for his recuperation.

Then polyclinics—it took three years their mysteries to unravel,
And then to study foreign modes three more long years for travel.
When he returned his big mustache with long gray hairs was threaded;
He'd lost his eyesight long before, and now was quite bald-headed.

When he was thirty-nine years old our intellectual giant
Hung out his little shingle, and then waited for a client.
The girl he loved in youthful days had long since wed another,
And had grown a portly matron and an excellent grandmother.

The boys he knew in grammar school seemed ancient as progenitors,
And one was governor of the State, and two of them were senators;
But seated in his office, in retired sequestration,
He waited long for patients with their tales of inflammation.

One day, when he was forty-five, came in his earliest client—
John tried to be as quiet as the poetry of Bryant;
But the shock it came so sudden, with such overwhelming power,
That he fell with apoplexy, and he died within an hour.

—*Western Med. Rep.*

NEW VIEWS ON LAUGHING-GAS.—The *Bedford College* (London) *Magazine* prints the following curious answers to a question in a chemistry examination: Among the subjects which seem to bring out strikingly original views we notice the preparation and properties of nitrous oxide, or laughing-gas.

One student gives as its mode of preparation: "Nitrous oxide or the laughing-gas is prepared by collecting it. This may be done by collecting it from a cave near Naples."

As regards its properties, divers views are held.

One says: "It is a colorless, tasteless, inodorous gas, having very peculiar properties, as when inhaled it causes insensibility, and is for this purpose greatly used for the painful distraction of teeth."

Another says: "Nitrous oxide is often called laughing-gas. With this gas they pull out teeth; this is the reason they call it laughing-gas."

Again another idea: "Nitrous oxide has a sweet taste, has a soothing influence, is an æsthete."

A distracted examinee said: "Nitrous oxide produces temporary insanity."

And one who had peculiar views about examiners, as well as the gas, said: "If you inhale nitrous oxide it produces a peculiar kind of insensibility in the form of laughing."

SEPTEMBER.

All golden in the autumn sun
The waving corn-fields shine;
Purple and full of ruddy juice
The grapes hang on the vine.

A blessing hovers in the air,
As Earth, from toil released,
Holds, with a hush upon her face,
Her sweet Communion feast.

—Bessie Chandler, in September *Lippincott's.*

The Times and Register

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ANIMAL PRODUCTS AS REMEDIES.

IT is just possible that the next ten years may witness a curious revival of old, forgotten remedies under a new and highly scientific dress. We may laugh at the popular medication of the Chinese, and yet we have not to go so very far back into our dispensatories to find the things which seem so absurd in our modern eyes. Toads, newts, serpents, earthworms, "oculi cancrorum," the preputial smegma of sundry animals, and even human flesh, were employed by our ancestors as we now prescribe sulphonal and phenacetine. We have seen a poultice of hog's manure applied to post-puerperal hemorrhoids (and the patient declared that the benefit was very great), and perhaps some of my readers have heard of the rapid cure of "chapped hands" by liberal lotions of urine. Russia, to which we owe the discovery of the great diuretic powers of a live pediculus inserted in the urethra, has now given us a new remedy for tuberculosis, consisting of a wineglassful of urine, warm from the bladder, to be taken daily before breakfast.

These homely remedies, when viewed with a truly scientific spirit, lose their offensiveness, and may be considered solely with a reference to their value as therapeutic agents. In this light they are seen to occupy towards tuberculin and spermine a relation somewhat resembling that of the crude drugs as compared with the alkaloids. The urine is the grand route by which bacteria escape from the body. The protective principles may then as justly be looked for in this excretion as in the blood serum. Physiological chemistry is beginning to loom up as an important branch of medical study, and to throw a little light upon the vital processes. Civilization is a queer jumble anyhow; of half-knowledge, culture, custom, that seems to be truth and superstition so ingrained that it cannot be distinguished from knowledge. We disapprove of the Abyssinian for taking his beef raw, and calmly swallow our raw oysters; nanny-berry tea disgusts us, but we swallow musk and castor and the oil of rotten cod-livers with complacency. Perhaps, instead of sneering at the Hindoo for bathing in cow's urine, we may yet evolve a good, scientific reason for the custom. Altogether, before exclaiming too loudly against the ridiculous nature of such asserted remedies, it is well to look back—and forward.

PERNICIOUS LITERATURE.

THERE appears in our newspapers the advertisement of a person who offers to send to the "afflicted" the "Mormon Elder's Book." Desiring to know what was the meaning of this suggestive little advertisement, we sent for a copy. It proves to be a little pamphlet advocating the use of a preparation of alleged aphrodisiac properties. A flimsy pretense is made of sending the book only to married men; but no questions are asked, and every applicant is supplied.

There may be circumstances under which the use of aphrodisiacs are allowable, as when, for instance, heirs are urgently desired; but such cases are rarely seen outside of novels, and for one such it is certain there are very many in which the use of aphrodisiacs can be only productive of harm. Impotence, apart from the results of disease like gonorrhœa, is always a warning. It is Nature's protest against the abuse of her gifts. It means that, in one way or another, the vitality has been sapped, and that it is time to call a halt. Old age has come, either by the lapse of years or as the result of excess, not specially sexual, but more often excess in mental labor, in care, or in eating. Sleepless nights, following the excitement of the stock board, and efforts at recuperation from heavy meals of nitrogen and alcohol, are the causes of impotence. Added to these, in an incredible number of cases, are the fascinations of illicit connections; and these elements combine to form the etiology of impotence.

Is it necessary to speak of the remedy? It is so plain that "he who runs may read." It does not require the learning of the physician to prescribe for such a case, but a very little bit of common sense will suffice. Every one can see the truth, except the victim, and *he* wilfully shuts his eyes against it, and seeks for anything that will enable him to continue his excesses, at any cost of future retribution. As we remarked in the beginning, there are very few cases in which an intelligent and conscientious physician can prescribe sexual stimulants, and applicants for such drugs give their advisers an excellent opportunity to enlighten the minds of the patients on these subjects; but as men do not want to believe they are living wrongly, or are no longer capable of the work they lay upon themselves, they will turn to those whose advice is more congenial. Here is where the "Mormon Elder" comes in; and his devilish little tract shows the victim how he can spur up his flagging energies. No word is uttered of the consequences, the ruin of health, the degenerating nervous tissue, the shortening of life. Even in a government as little paternal as ours, it seems reasonable to expect that some way should be found of suppressing people who advertise methods of corrupting the morals and destroying the health of the community.

Annotation.

PERIODICAL MELANCHOLIA.

THIS comparatively rare disorder I have met with a few times, and in all cases there was a decided predisposition. With Dr. Brauns I saw a lady who had inherited a defective nervous organization, which, at the age of thirty-eight, developed an agitated and hysterical melancholic attack recurring regularly every other day. During her so-called sane days, she laughed at the stories of what she had done, and was apparently cheerful, but her face would become soggy and icteroid, her heart beat very rapidly, and delusions of persiontion of an unsystematized character with violent crying spells followed, lasting eight or ten hours.

The symptoms were those of a periodical toxæmia, probably of hepatic origin.

A male case has irregular recurrences whenever the least thing occurs to upset his health or occasion him mental distress, but he invariably reacted to symptomatic treatment, and sometimes a cardiac tonic was useful, and at others depressants were necessary.

An Iowa gentleman was stung by bees, after which he manifested attacks about every fourth day.

This disorder differs from ordinary melancholia in the more persistent and cunning attempts at suicide, a feature to which Spitzka calls attention.

S. V. CLEVENGER, M. D.

Letter to the Editor.

PHTHISICAL CONTAGION.

AT the Convention of the "Academia di Medicina di Torino, Prof. Foà informed of his interesting attempt to ascertain whether the phthisical contagion is liable to be stored up on the walls of the hospital. For this purpose he has scraped off a part of the wall on a level with the night table, in one of the departments of the hospital at Turin—Ospedale di S. Luigi—where six phthisical patients were lying. The obtained powder was hypodermically injected into three guinea-pigs, one of which remained alive, one died in twenty-four hours from pyæmia, the third was killed at the end of three weeks, and was found to be affected with tuberculosis (of the spleen and lymphatic glands).

Though it was only a single case, the author, however, thinks that there could not be any doubt about natural self development of tuberculosis, as among the 425 guinea pigs experimented upon in his laboratory, not a single one was found to suffer from that disease; and, besides, the mother of the three pigs was found to be healthy, on the post-mortem examination.

S. SEILIKOVITCH.

PHILADELPHIA, PA.

Book Notices.

TRANSACTIONS OF THE THIRTY-FOURTH ANNUAL SESSION OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, held at Excelsior Springs, Mo., May 19, 1891. Kansas City. Tiernan-Havens Printing Co., 1891.

PRACTICAL INTESTINAL SURGERY. By FRED. B. ROBINSON, B.S.M.I., Professor of Anatomy and Clinical Surgery, Toledo Medical College, Toledo, Ohio. Volume II, 1891. George I. Davis, Detroit. Cloth, 50 cents; paper, 25 cents.

Completes the first volume, giving a number of modes of intestinal operations.

THE POCKET ANATOMIST. Founded upon Gray. By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Gynæcology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection Hints and Visceral Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co., Publishers. Cloth, 297 pages, 193 Illustrations. Price, postpaid, $1.00.

This book is issued on thin, though nicely glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save much thumbing as possible.

The Medical Digest.

STRYCHNINE IN ALCOHOLISM.—In No. VI, page 108, we beg to correct:

℞.—Strychninæ nitr..... gr. $\frac{9}{10}$.
Aquæ dest..... ℥iijss.

FOR METRORRHAGIA.—

℞.—Tinct. cinnamomi..... f℥ij
S. ℥j to ℥ij every four hours.

—Waugh.

FOR CARDIAC DROPSY.—Give sulphate of strychnine, gr. $\frac{1}{40}$, every four hours. When this ceases to be sufficient, instead of increasing the dose of strychnine, add sparteine, gr. $\frac{1}{5}$; then digitaline, aspidospermine, strophanthus, cactus grand., etc.

FOR SUMMER DIARRHŒA.—

℞.—Zinci sulphocarbolat..... gr. v.
Bismuth subnitr..... gr. xv.
Pepsin saccharat..... ℥ss.
M.—Et. in chart No. xv div.
Sig. One powder every hour until stools become inodorous; then every two to four hours.

For children one year of age.—Waugh.

SUBINVOLUTION OF THE UTERUS.—Dr. B. C. Hirst suggests the following as the best combination to use:

℞.—Strychninæ sulphatis..... 1-20 grain.
Quininæ sulphatis..... 2 grains.
Ext. ergotæ..... 1 grain.
M.—Et. ft. pil. No. 1.
Sig. At one dose.

—*Med. World.*

GONORRHŒA IN ANY STAGE.—Try internally:—

℞.—Potassii bromidi..... 4 drs.
Sodii bicarbonatis..... 1 oz.
Tinct. cannabis indicæ..... 4 drs.
Spts. æth. nitrosi..... 3 oz.
Aquæ.....ad 6 oz.
M.—Ft. sol.
Sig. One drachm three times per day.

And as an injection:

℞.—Extract pinus canadensis (white).. 2 oz.
Tinct opii..... 1½ oz.
Glycerini..... 1½ oz.
Aquæ rose.....ad 6 oz.
M.—Sig. Inject every three hours.

—*Med. World.*

BENZOLE IN WHOOPING-COUGH.—After some years' experience of the use of benzole in whooping cough I can safely say that it effects better results than all the other remedies recognized as useful in this affection. In the adult and child it is of equal benefit. In an infant just now under treatment, the attacks have been reduced from twenty or thirty in the night to two or three, and whereas when the treatment was begun evidences of bronchitis were present, now the chest is clear and the child able to be taken out of doors daily. All this improvement was brought about in less than ten days. I have administered benzole in whooping-cough, where convulsions and other complications were fast reducing all chances of recovery, with perfect success in a few days. In adults, where pertussis assumes often serious aspects, benzole has proved equally efficacious. Two minims in mucilage are sufficient for a child six months old, and five minims in mucilage on sugar or in capsule for adults. I am indebted to an article in the *Practitioner* of some years back for information regarding this treatment, and can heartily recommend a trial of it. Whenever the benzole odor is observed in the breath of the patient, then all anxiety as to the result may be allayed.—Robertson, *Lancet*.

THE PREVENTION OF PHTHISIS.—The high rate of mortality from phthisis induced the State Board of Health of New Hampshire to secure the opinion of the physicians of the State upon certain points in connection with the disease, such as its cause, frequency, preventability, treatment, etc. To this end blanks were sent to all physicians of the State, asking them to answer nineteen stated questions. The returns were exceedingly complete, and as reported in the recently issued annual report of the State Board of Health, make interesting reading. A summary is almost impossible, but the Board presents the following:

The chief causes and the preventive measures to be employed in the disease may be summarized, in the light of our present knowledge of the disease, as follows:

1. Pulmonary phthisis is the most fatal disease known to civilization.

2. The bacillus tuberculosis is generally believed to be the cause of the disease.

3. The disease, when developed after the first years of childhood, is acquired and not inherited, although there may be an inherited predisposition which renders the subject incapable of resisting the invasion of the bacilli.

4. The disease is liable to appear at any period of life.

5. That there is great danger arising from the use of tuberculous meat and milk. From the evidence which has been gathered we are led to believe the liability to infection from these sources is very great, and to insure public protection in this particular the State should exercise a careful supervision of our milk and meat supplies.

6. That the greatest danger of infection is from the sputa of the consumptive. For this reason, when confined to the house, a spit-cup or spittoon should be used, and when upon the street a handkerchief to receive the expectorations. The spit-cup or spittoon might preferably contain a disinfectant, but if these vessels are frequently and thoroughly cleansed with boiling water, disinfectants are not an absolute necessity. The handkerchiefs should be immersed in boiling water at least once daily before the sputum has become dried.

7. No person should occupy a sleeping-room with another who has tuberculosis, although many persons escape infection under such conditions.

8. The eating utensils of a consumptive should be washed in boiling water, and care should be exercised that the same glasses, spoons, etc., are not, before being washed, used by children and others. The patient should avoid kissing others, or placing in his mouth any article likely to be used or handled by others.

9. The dejections of consumptive patients in cases where the bowels are affected should be thoroughly disinfected.

10. Perfect cleanliness of the apartments occupied by consumptives should be urged in all cases. The bed-linen, towels, etc., should be very frequently put through the operations of the laundry, while the walls should be frequently cleansed and dressed anew. In fact, the whole question of restriction may be expressed in one word "cleanliness."—*Weekly Medical Review*.

BRITISH MEDICAL ASSOCIATION.—From the reports of *The Lancet*, we have selected the following items of professional interest, brought out at the last meeting:

A New Diagnostic.—Prof. Semmola (Naples) communicated a paper in French, translated by Dr. Pye-Smith, on a New Method of Arriving at a Diagnosis and Prognosis in Acute Disease by testing the urine for ptomaines, leukomaines, etc., which in their crystallized forms can be detected. He had been sent for to visit a young man suffering from left pneumonia following influenza. He manifested symptoms of what was believed to be cerebro-spinal meningitis. Prof. Semmola, having got some of his urine, injected certain rabbits and guinea-pigs which were always kept in waiting, and the result was that these creatures began to show symptoms of tetanus, but from which they recovered, and Prof. Semmola was able to assure the parents that the patient was only suffering from a form of blood-poisoning, which would pass off as the fever subsided. Other cases were given.

Dr. Drysdale observed that such observations could not be allowed in this country, by reason of the Vivisection Acts.

The Effects of Alcohol.—Dr. Samuel Wilks read a paper on this subject, in the course of which he reviewed its present position in reference to its medical aspect. The physiologists would say that it had an inhibitory action on the vagus. Dr. Brunton, on the other hand, tells us that sipping any fluid has a similar effect. When taken in large quantities alcohol is absorbed and acts as a stimulant, as is seen by the flushing of the face and the increased mental vigor. If these effects are seen on the surface, it should be remembered that similar ones must take place in the interior. It was presumed that alcohol increases the flow of the gastric juice. After its stimulating effects had passed off, it then produces a marked lowering effect on all the functions of the body, its more immediate effects being seen in the brain and the digestive system. Classical illustrations of its soothing effects were adduced. The great central fact relating to alcohol was its direct effect on the nervous system, in diminishing and lowering its functions. After a time it caused degeneration of the nerve centers, and produced general paralysis, manifested by the trembling lip and the shaky gait. The nerves became hardened and thickened. He had no acquaintance with any organic changes at-

tributable to alcohol in the lungs and kidneys, but it seemed that the digestive and nervous systems suffered. Physiologists had failed to demonstrate the chemical changes which it underwent in the body, and consequently it was impossible to say whether it was of the nature of food or not. No one had yet seen a person who lived on alcohol, although there was evidence of persons taking large quantities of alcohol who yet preserved their weight with a minimum of food, and that supported the theory that, although alcohol was not nutritive in itself, it prevented the wear and tear of the body. The opposite theory also existed that alcohol acted as a spur to the nervous system, and quickly wore it out. He could not disapprove of the use of wine and beer, if taken in moderation, by the masses of the people; and as to spirits, or spirits and water, he had not made up his mind that they were in any way useful, and he seldom recommended them.

In the discussion which followed, Dr. Skerritt, Dr. Norman Kerr, and many others took part.

Dr. Ridge exhibited photographs of geranium cuttings and poppy seeds which had been grown under the influence of alcohol in the one case, and of pure water on the other, in order to show that solutions of alcohol had the effect of hindering the growth of the plant.

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draw attention to what I believe to be a grave fallacy in some experiments of my friend, Professor H. C. Wood, mentioned by him in his address on Anæsthetics at the Berlin Congress. A tracing which he there showed seemed to indicate most clearly that the action of the heart failed long before the respiration. I here reproduce, as nearly as I can remember it, the general effect of this tracing. In it we seem to see clearly a stoppage of the beats of the heart while the blood pressure sinks, and yet the respiration goes on freely. Now, I believe that the stoppage of the heart in this tracing is only apparent, and not real, and that it is, in fact, due to a small clot of blood in the cannula which connects the artery of the animal with the chymograph. I have had many such tracings, and my experience has led me, whenever I got them, to disconnect the cannula and remove the clot. Had there been no clot the stoppage of the heart would have caused the blood pressure to fall abruptly instead of gradually, as shown in the tracing exhibited by Prof. Wood. In comparing the action of ether and chloroform, we found that the great points of difference between them were:

"1. That ether was a less powerful anæsthetic than chloroform.

"2. That while neither of them paralyzes the heart when giving plenty of air, the heart would continue to beat much longer during asphyxia when combined with ether than when combined with chloroform.

"Chloroform is thus a more powerful agent, and, as I have already said on a previous occasion, it is like a sharp knife in the hands of the surgeon as compared with a blunt one. It is more efficient for good if properly handled; it is more powerful for evil if misused."

Dr. Shore (Cambridge) related in detail some of the experiments which had been undertaken in Cambridge University with a view of discovering the effects of chloroform. In one, the investigators, by entirely separating the nervous system of the animal from the vascular system by means of two rabbits, the one of which supplied the brain of the other with blood, showed that if the blood pressure were taken at the femoral artery when chloroform was given to the animal so supplied with blood, it was found that the operators could act at will either on the vascular system or on the brain. If the chloroform was administered to the dog acting as the feeder by means of the respiratory system, the blood pressure on the other dog was found to rise (in the illustrative case from 160 to 195). They learned from this experiment that chloroform could not cause a fall of pressure by acting on the vaso-motor centers, but it acts very readily in this manner by acting on the heart. He very nearly succeeded (when administering chloroform to the feeder) in stopping the respiration by sending chloroformed blood to its medulla. The feeder, however, was generally killed before enough chloroform had reached the brain of the fed animal. He did not think the animal died from failure of the respiration in all cases, but in some cases the animal succumbed to failure of the circulation. If chloroform is given with plenty of air, there is no reason why there should be a fall of blood pressure at all, which is caused by the direct action of chloroform on the heart, and not through depression of the vaso-motor centers.

Dr. Dudley Buxton gave a description of the effects of chloroform from a clinical point of view, dealt with its pathology, and noted the conditions on which he considered the use of the anæsthetic was dangerous. He said that the apparently healthy died from the effects of chloroform, and that a carefully classified list of such cases would be a desideratum. As far as he had ascertained, certain young children did not so succumb. They, although subject to fright, were not the victims of psychical fear or of dread of death from the anæsthetic as occurs among adults. He had never come across the record of a death from ether or chloroform occurring in a healthy person. He touched upon the influence of climate, race, sex, and age on the administration of anæsthetics. The heart undoubtedly, in human beings, played a most important part in the question of the safety or danger of anæsthetics. Whatever might be said by others, there was incontestable clinical as well as experimental proof that primary heart failure is the commonest form of trouble in the case of chloroform poisoning. The research work of the Hyderabad Commission, as far as it went, was excellent, and it was only to be regretted that its so-called conclusions were permitted to be framed in such a way as to mislead those not sufficiently familiar with the matter to assume that it had settled once and for all the question whether chloroform causes primary heart failure. The Commission had, perhaps, failed to observe this effect, and that was all it was entitled to state. Clinical experience went to show that there is distinct evidence of cardiac failure occurring during chloroform administration.

Mr. Pridgin Teale (Leeds) said that in the address on Surgery two years ago, at Leeds, he had spoken strongly on this question. Since then, numerous deaths had been recorded in the journals. Out of *The Lancet* and *British Medical Journal*, he had found that the cases recorded during this interval amounted to—excluding those from America—three deaths from ether and thirty-three from chloroform. The deaths from ether were: A case of chronic suppuration of the thigh, another for amputation of the thigh, and a third for fractured pelvis with extravazation of urine, the patient in each case being in a bad condition to begin with. If we take the deaths from chloroform, it is found that out of thirty-three, seventeen deaths occur during comparatively minor operations; in all cases in people in comparatively good health. But deaths from ether did not occur in people in good health. He had heard of several deaths in England that did not come into this list. He called it a terrible death roll from chloroform, and a very serious matter for the consideration of the profession. Dr. Buxton had referred to those cases that came near dying. During the six or eight years before he took up ether, he had had six patients who, for some minutes, were thought to be dead. One was a case of squint, two for minor operations on the rectum. He did not get such narrow shaves now. Regarding ether giving, he thought that many of the deaths were due to defective administration. Deaths from asphyxia or from bronchitis ought never to occur. It was possible to give ether without distress, but only by persons properly instructed in its use. Not everybody even could be taught, as many had not the power of concentrating their attention for that length of time on what they were doing, and, therefore, never made good anæsthetists. Many were so deficient in sensitiveness that they did not know when the patient was failing. Having described the mode in which he administered ether, he said that he felt it ought to be the anæsthetic taken up by all hospitals and schools, and that all students ought to be taught its use before being allowed to qualify.

Annotation.

PERIODICAL MELANCHOLIA.

THIS comparatively rare disorder I have met with a few times, and in all cases there was a decided predisposition. With Dr. Brauns I saw a lady who had inherited a defective nervous organization, which, at the age of thirty-eight, developed an agitated and hysterical melancholic attack recurring regularly every other day. During her so-called sane days, she laughed at the stories of what she had done, and was apparently cheerful, but her face would become soggy and icteroid, her heart beat very rapidly, and delusions of persiontion of an unsystematized character with violent crying spells followed, lasting eight or ten hours.

The symptoms were those of a periodical toxæmia, probably of hepatic origin.

A male case has irregular recurrences whenever the least thing occurs to upset his health or occasion him mental distress, but he invariably reacted to symptomatic treatment, and sometimes a cardiac tonic was useful, and at others depressants were necessary.

An Iowa gentleman was stung by bees, after which he manifested attacks about every fourth day.

This disorder differs from ordinary melancholia in the more persistent and cunning attempts at suicide, a feature to which Spitzka calls attention.

S. V. CLEVENGER, M. D.

Letter to the Editor.

PHTHISICAL CONTAGION.

AT the Convention of the "Academia di Medicina di Torino, Prof. Foà informed of his interesting attempt to ascertain whether the phthisical contagion is liable to be stored up on the walls of the hospital. For this purpose he has scraped off a part of the wall on a level with the night table, in one of the departments of the hospital at Turin—Ospedale di S. Luigi—where six phthisical patients were lying. The obtained powder was hypodermically injected into three guinea-pigs, one of which remained alive, one died in twenty-four hours from pyæmia, the third was killed at the end of three weeks, and was found to be affected with tuberculosis (of the spleen and lymphatic glands).

Though it was only a single case, the author, however, thinks that there could not be any doubt about natural self development of tuberculosis, as among the 425 guinea pigs experimented upon in his laboratory, not a single one was found to suffer from that disease; and, besides, the mother of the three pigs was found to be healthy, on the post-mortem examination.

S. SEILIKOVITCH.

PHILADELPHIA, PA.

Book Notices.

TRANSACTIONS OF THE THIRTY-FOURTH ANNUAL SESSION OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, held at Excelsior Springs, Mo., May 19, 1891. Kansas City. Tiernan-Havens Printing Co., 1891.

PRACTICAL INTESTINAL SURGERY. By FRED. B. ROBINSON, B.S.M.I., Professor of Anatomy and Clinical Surgery, Toledo Medical College, Toledo, Ohio. Volume II, 1891. George I. Davis, Detroit. Cloth, 50 cents; paper, 25 cents.

Completes the first volume, giving a number of modes of intestinal operations.

THE POCKET ANATOMIST. Founded upon Gray. By C. HENRI LEONARD, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Gynæcology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection Hints and Visceral Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co., Publishers. Cloth, 297 pages, 193 Illustrations. Price, postpaid, $1.00.

This book is issued on thin, though nicely glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full paged, and where they are not, they are grouped together so as to save much thumbing as possible.

The Medical Digest.

STRYCHNINE IN ALCOHOLISM.—In No. VI, page 108, we beg to correct:

℞.—Strychninæ nitr..... gr. $\frac{9}{10}$.
Aquæ dest..... ℥iijss.

FOR METRORRHAGIA.—

℞.—Tinct. cinnamomi..... f℥ij
S. ℥j to ℥ij every four hours.

—Waugh.

FOR CARDIAC DROPSY.—Give sulphate of strychnine, gr. $\frac{1}{40}$, every four hours. When this ceases to be sufficient, instead of increasing the dose of strychnine, add sparteine, gr. $\frac{1}{5}$; then digitaline, aspidospermine, strophanthus, cactus grand., etc.

FOR SUMMER DIARRHŒA.—

℞.—Zinci sulphocarbolat..... gr. v.
Bismuth subnitr..... gr. xv.
Pepsin saccharat..... ℥ss.
M.—Et. in chart No. xv div.
Sig. One powder every hour until stools become inodorous; then every two to four hours.

For children one year of age.—Waugh.

SUBINVOLUTION OF THE UTERUS.—Dr. B. C. Hirst suggests the following as the best combination to use:

℞.—Strychninæ sulphatis..... 1-20 grain.
Quininæ sulphatis..... 2 grains.
Ext. ergotæ..... 1 grain.
M.—Et. ft. pil. No. 1.
Sig. At one dose.

—*Med. World.*

GONORRHŒA IN ANY STAGE.—Try internally:—

℞.—Potassii bromidi..... 4 drs.
Sodii bicarbonatis..... 1 oz.
Tinct. cannabis indicæ..... 4 drs.
Spts. æth. nitrosi..... 3 oz.
Aquæ..... ad 6 oz.
M.—Ft. sol.
Sig. One drachm three times per day.

And as an injection:

℞.—Extract pinus canadensis (white).. 2 oz.
Tinct opii..... 1½ oz.
Glycerini..... 1½ oz.
Aquæ rose..... ad 6 oz.
M.—Sig. Inject every three hours.

—*Med. World.*

BENZOLE IN WHOOPING-COUGH.—After some years' experience of the use of benzole in whooping cough I can safely say that it effects better results than all the other remedies recognized as useful in this affection. In the adult and child it is of equal benefit. In an infant just now under treatment, the attacks have been reduced from twenty or thirty in the night to two or three, and whereas when the treatment was begun evidences of bronchitis were present, now the chest is clear and the child able to be taken out of doors daily. All this improvement was brought about in less than ten days. I have administered benzole in whooping-cough, where convulsions and other complications were fast reducing all chances of recovery, with perfect success in a few days. In adults, where pertussis assumes often serious aspects, benzole has proved equally efficacious. Two minims in mucilage are sufficient for a child six months old, and five minims in mucilage on sugar or in capsule for adults. I am indebted to an article in the *Practitioner* of some years back for information regarding this treatment, and can heartily recommend a trial of it. Whenever the benzole odor is observed in the breath of the patient, then all anxiety as to the result may be allayed.—Robertson, *Lancet.*

THE PREVENTION OF PHTHISIS.—The high rate of mortality from phthisis induced the State Board of Health of New Hampshire to secure the opinion of the physicians of the State upon certain points in connection with the disease, such as its cause, frequency, preventability, treatment, etc. To this end blanks were sent to all physicians of the State, asking them to answer nineteen stated questions. The returns were exceedingly complete, and as reported in the recently issued annual report of the State Board of Health, make interesting reading. A summary is almost impossible, but the Board presents the following:

The chief causes and the preventive measures to be employed in the disease may be summarized, in the light of our present knowledge of the disease, as follows:

1. Pulmonary phthisis is the most fatal disease known to civilization.

2. The bacillus tuberculosis is generally believed to be the cause of the disease.

3. The disease, when developed after the first years of childhood, is acquired and not inherited, although there may be an inherited predisposition which renders the subject incapable of resisting the invasion of the bacilli.

4. The disease is liable to appear at any period of life.

5. That there is great danger arising from the use of tuberculous meat and milk. From the evidence which has been gathered we are led to believe the liability to infection from these sources is very great, and to insure public protection in this particular the State should exercise a careful supervision of our milk and meat supplies.

6. That the greatest danger of infection is from the sputa of the consumptive. For this reason, when confined to the house, a spit-cup or spittoon should be used, and when upon the street a handkerchief to receive the expectorations. The spit-cup or spittoon might preferably contain a disinfectant, but if these vessels are frequently and thoroughly cleansed with boiling water, disinfectants are not an absolute necessity. The handkerchiefs should be immersed in boiling water at least once daily before the sputum has become dried.

7. No person should occupy a sleeping-room with another who has tuberculosis, although many persons escape infection under such conditions.

8. The eating utensils of a consumptive should be washed in boiling water, and care should be exercised that the same glasses, spoons, etc., are not, before being washed, used by children and others. The patient should avoid kissing others, or placing in his mouth any article likely to be used or handled by others.

9. The dejections of consumptive patients in cases where the bowels are affected should be thoroughly disinfected.

10. Perfect cleanliness of the apartments occupied by consumptives should be urged in all cases. The bed-linen, towels, etc., should be very frequently put through the operations of the laundry, while the walls should be frequently cleansed and dressed anew. In fact, the whole question of restriction may be expressed in one word "cleanliness."—*Weekly Medical Review.*

BRITISH MEDICAL ASSOCIATION.—From the reports of *The Lancet*, we have selected the following items of professional interest, brought out at the last meeting:

A New Diagnostic.—Prof. Semmola (Naples) communicated a paper in French, translated by Dr. Pye-Smith, on a New Method of Arriving at a Diagnosis and Prognosis in Acute Disease by testing the urine for ptomaines, leukomaines, etc., which in their crystallized forms can be detected. He had been sent for to visit a young man suffering from left pneumonia following influenza. He manifested symptoms of what was believed to be cerebro-spinal meningitis. Prof. Semmola, having got some of his urine, injected certain rabbits and guinea-pigs which were always kept in waiting, and the result was that these creatures began to show symptoms of tetanus, but from which they recovered, and Prof. Semmola was able to assure the parents that the patient was only suffering from a form of blood-poisoning, which would pass off as the fever subsided. Other cases were given.

Dr. Drysdale observed that such observations could not be allowed in this country, by reason of the Vivisection Acts.

The Effects of Alcohol.—Dr. Samuel Wilks read a paper on this subject, in the course of which he reviewed its present position in reference to its medical aspect. The physiologists would say that it had an inhibitory action on the vagus. Dr. Brunton, on the other hand, tells us that sipping any fluid has a similar effect. When taken in large quantities alcohol is absorbed and acts as a stimulant, as is seen by the flushing of the face and the increased mental vigor. If these effects are seen on the surface, it should be remembered that similar ones must take place in the interior. It was presumed that alcohol increases the flow of the gastric juice. After its stimulating effects had passed off, it then produces a marked lowering effect on all the functions of the body, its more immediate effects being seen in the brain and the digestive system. Classical illustrations of its soothing effects were adduced. The great central fact relating to alcohol was its direct effect on the nervous system, in diminishing and lowering its functions. After a time it caused degeneration of the nerve centers, and produced general paralysis, manifested by the trembling lip and the shaky gait. The nerves became hardened and thickened. He had no acquaintance with any organic changes at-

tributable to alcohol in the lungs and kidneys, but it seemed that the digestive and nervous systems suffered. Physiologists had failed to demonstrate the chemical changes which it underwent in the body, and consequently it was impossible to say whether it was of the nature of food or not. No one had yet seen a person who lived on alcohol, although there was evidence of persons taking large quantities of alcohol who yet preserved their weight with a minimum of food, and that supported the theory that, although alcohol was not nutritive in itself, it prevented the wear and tear of the body. The opposite theory also existed that alcohol acted as a spur to the nervous system, and quickly wore it out. He could not disapprove of the use of wine and beer, if taken in moderation, by the masses of the people; and as to spirits, or spirits and water, he had not made up his mind that they were in any way useful, and he seldom recommended them.

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"Chloroform is thus a more powerful agent, and, as I have already said on a previous occasion, it is like a sharp knife in the hands of the surgeon as compared with a blunt one. It is more efficient for good if properly handled; it is more powerful for evil if misused."

Dr. Shore (Cambridge) related in detail some of the experiments which had been undertaken in Cambridge University with a view of discovering the effects of chloroform. In one, the investigators, by entirely separating the nervous system of the animal from the vascular system by means of two rabbits, the one of which supplied the brain of the other with blood, showed that if the blood pressure were taken at the femoral artery when chloroform was given to the animal so supplied with blood, it was found that the operators could act at will either on the vascular system or on the brain. If the chloroform was administered to the dog acting as the feeder by means of the respiratory system, the blood pressure on the other dog was found to rise (in the illustrative case from 160 to 195). They learned from this experiment that chloroform could not cause a fall of pressure by acting on the vaso-motor centers, but it acts very readily in this manner by acting on the heart. He very nearly succeeded (when administering chloroform to the feeder) in stopping the respiration by sending chloroformed blood to its medulla. The feeder, however, was generally killed before enough chloroform had reached the brain of the fed animal. He did not think the animal died from failure of the respiration in all cases, but in some cases the animal succumbed to failure of the circulation. If chloroform is given with plenty of air, there is no reason why there should be a fall of blood pressure at all, which is caused by the direct action of chloroform on the heart, and not through depression of the vaso-motor centers.

Dr. Dudley Buxton gave a description of the effects of chloroform from a clinical point of view, dealt with its pathology, and noted the conditions on which he considered the use of the anæsthetic was dangerous. He said that the apparently healthy died from the effects of chloroform, and that a carefully classified list of such cases would be a desideratum. As far as he had ascertained, certain young children did not so succumb. They, although subject to fright, were not the victims of psychical fear or of dread of death from the anæsthetic as occurs among adults. He had never come across the record of a death from ether or chloroform occurring in a healthy person. He touched upon the influence of climate, race, sex, and age on the administration of anæsthetics. The heart undoubtedly, in human beings, played a most important part in the question of the safety or danger of anæsthetics. Whatever might be said by others, there was incontestable clinical as well as experimental proof that primary heart failure is the commonest form of trouble in the case of chloroform poisoning. The research work of the Hyderabad Commission, as far as it went, was excellent, and it was only to be regretted that its so-called conclusions were permitted to be framed in such a way as to mislead those not sufficiently familiar with the matter to assume that it had settled once and for all the question whether chloroform causes primary heart failure. The Commission had, perhaps, failed to observe this effect, and that was all it was entitled to state. Clinical experience went to show that there is distinct evidence of cardiac failure occurring during chloroform administration.

Mr. Pridgin Teale (Leeds) said that in the address on Surgery two years ago, at Leeds, he had spoken strongly on this question. Since then, numerous deaths had been recorded in the journals. Out of *The Lancet* and *British Medical Journal*, he had found that the cases recorded during this interval amounted to—excluding those from America—three deaths from ether and thirty-three from chloroform. The deaths from ether were: A case of chronic suppuration of the thigh, another for amputation of the thigh, and a third for fractured pelvis with extravazation of urine, the patient in each case being in a bad condition to begin with. If we take the deaths from chloroform, it is found that out of thirty-three, seventeen deaths occur during comparatively minor operations; in all cases in people in comparatively good health. But deaths from ether did not occur in people in good health. He had heard of several deaths in England that did not come into this list. He called it a terrible death roll from chloroform, and a very serious matter for the consideration of the profession. Dr. Buxton had referred to those cases that came near dying. During the six or eight years before he took up ether, he had had six patients who, for some minutes, were thought to be dead. One was a case of squint, two for minor operations on the rectum. He did not get such narrow shaves now. Regarding ether giving, he thought that many of the deaths were due to defective administration. Deaths from asphyxia or from bronchitis ought never to occur. It was possible to give ether without distress, but only by persons properly instructed in its use. Not everybody even could be taught, as many had not the power of concentrating their attention for that length of time on what they were doing, and, therefore, never made good anæsthetists. Many were so deficient in sensitiveness that they did not know when the patient was failing. Having described the mode in which he administered ether, he said that he felt it ought to be the anæsthetic taken up by all hospitals and schools, and that all students ought to be taught its use before being allowed to qualify.

Dr. G. Eastes discussed the question from the clinical point of view, and focussed his remarks upon the question of the patient's safety. He thought that a large body of public opinion in England was now coming to the conclusion that ether is a safer anæsthetic than chloroform. Of the Hyderabad Commissioners, Dr. Lauder Brunton had based his opinions on experiments on animals; but Dr. Eastes thought the deductions from such experiments should not be absolutely transferred to the parallel case of human beings. As to Surgeon-Major Lawrie's views on patients chloroformized in India, the differences between such patients and the patients in this country might possibly account for the far better results in the former country. He had himself found that patients etherized in summer in this country have less interference with respiration than when the agent is used in winter. But, in spite of the Hyderabad instructions being followed by anæsthetists, the death-roll from chloroform still increases; now, as the death-rate from ether is much lower than that from chloroform, surely it is vastly better to use ether as a routine remedy than chloroform. The margin between life and death is smaller with chloroform than with ether, therefore ether allows greater latitude for accidents or some amount of error. He could not cast aside all the teachings of clinical experience upon man and follow implicitly the guidings of researches conducted upon lower animals, though Dr. Brunton himself were his guide. Surgeon Major Lawrie seemed to base his advocacy of chloroform chiefly on the fact that, although he had administered its vapor to human beings many thousands of times, he had never had a death. And certainly his statistics were far and away the most favorable with respect to chloroform or ether with which Dr. Eastes had acquaintance. But his practice had been in India.

Use of Dogs' Serum in the Treatment of Tuberculosis.—Dr. Baretta (Paris) read a paper on this subject. Some years ago Professor Richet found that rabbits were rendered immune to the staphylococcus pyogenes by injections with dog's serum, and later he found that the development of tubercle bacilli after inoculation was prevented by the same means. Applied to the human subject, the blood is drawn from the carotid of a perfectly healthy dog, and received with all care into small flasks, which are then hermetically sealed. Hypodermic injections are made with strict antiseptic precautions; they produce a slight rise of temperature, and sometimes a local swelling. No result was obtained in about one-third of the cases; in the rest a general improvement in digestion and strength took place, and in some there was noticed an improvement in the local signs; but in many the development of tubercle was only delayed for a time, and the conclusion was that the serum acted as a general tonic, and not as a specific. It had been also successfully used for other cachexiæ, as syphilis (by Fournier) and chronic malaria.

Dr. Lauder Brunton had seen Professor Richet's method in practice at Paris, and mentioned a case of chronic syphilis which had derived much benefit from it. He had also seen a case of tuberculosis markedly improved during the continuance of the treatment (fifteen minims every two or three days). Goat's blood was less suitable, since its corpuscles were of the same specific gravity as the serum, preventing the separation of the latter.

Chinese Drugs.—Mr. E. Hart made an interesting communication on some Chinese Drugs. He briefly described the institutions for medical relief in China, and stated that in the medical art the Chinese were quite in the dark ages. Their medicines were very complicated decoctions of drugs, and as an example he gave the composition of a "recurring spring pill" for children. These pills, which were enclosed in sealed capsules, contained no less than fourteen ingredients, of which the active agent was "cinnabar," regarded as the chief of all metals, and believed to be capable of transmutation. The other constituents included such materials as "scorpion," "sea pearls," "amber," "grasshopper," "bezoaar," or biliary concretion from the cow, and "musk." Mr. Hart showed specimens of these pills and other drugs, and concluded by testifying to the devoted efforts of Mr. Cantlie to found a medical school at Hong Kong, efforts which were worthy of all encouragement. English medical men were, he said, the great agents of European civilization in China.

Surgeon-Major Jessop, who was in Canton after the rebellion, confirmed Mr. Hart's statements, and said that most Chinese would rather suffer death than undergo a surgical operation. Viper oil and cinnabar were popular remedies. Syphilis was very common. He strongly supported the movement to found a medical school at Hong Kong, and eulogized the work of the medical missionaries. Although the Chinese did not adopt new ideas so rapidly as the Japanese, yet when they did they pursued them actively.

Dr. Lauder Brunton pointed out that the cinnabar, which was the active ingredient in these alterative pills for children, might be compared to the "grey powder" of civilization. He thought, too, that "scorpion" might have some action, and mentioned that the skin of the toad had been found to act like digitalis.

Treatment of Pneumonia.—Dr. Coupland read a paper on the Treatment of Pneumonia, in which he deprecated the use of depressant remedies, the advocacy of which had been based on conclusions in disregard to the numerous fallacies which underlie all therapeutical experiments in acute diseases. He laid great stress on the treatment of pneumonia as a fever, and preferred the application of cold to antipyretic drugs. As to alcohol, he considered that, although it might be dispensed with in many cases, yet it was undoubtedly a most useful agent in affording temporary support, such as is sometimes needed to tide the patient over the crisis. He asked for experience as to the best means of dealing with the complication of delirium tremens, expressing his own preference for opiates when not contra-indicated by bronchitis or renal disease.

Dr. Sansom endorsed the views expressed by Dr. Coupland. He had been dissatisfied with drugs, except, perhaps, quinine, and had not found digitalis of any service. He agreed as to the value of the treatment by cold, and advocated its commencement as early as possible. Ice could be well applied by means of an ordinary sponge-bag. He cited the experience of Dr. Hare, at the Brisbane Hospital, as affording conclusive evidence of the value of the bath treatment in typhoid fever.

Dr. Hugh Woods considered that digitalis was of great value when administered from an early period of the affection.

Dr. Barrs pointed out the desirability of combating the distressing insomnia of pneumonia, for which he usually prescribed sulphonal. The best method of dealing with delirium tremens was a very difficult one; and he cited two cases, in one of which morphine injections were of great service, but in the other the

patient passed into fatal coma. He also considered that cold was far preferable to antipyretic drugs, and thought it could not be commenced too early. He had no very great belief in alcohol as a life-saving remedy, but did think digitalis of value.

Surgeon-Major Jessop had found the perchloride of iron with acetate of ammonia very useful.

Diphtheria.—Dr. Alfred Carpenter read a paper on Diphtheria, in which it was shown that fifty years ago the disease was unknown in this country, but for the last thirty-five years cases had been under his personal observation in country places. Between 1860 and 1870 cases were common in rural towns, and between 1870 and 1880 the towns became affected. The differences between the two cases were that in the rural districts the outbreaks were limited to one or two, whereas in the towns the number was more widespread. Some cases were caused by distribution of infected milk, some by contagion in schools, but many of the isolated cases had nothing to do with the infection of milk. In some cases it had been found that when cesspools were cleared away, and the basement of houses rendered dry and damp-proof, the disease had been found to disappear. He also showed that warmth and moisture and absence of light were necessary agents for the propagation of diphtheria.

Mr. Manley (West Bromwich), as a medical officer for an urban district containing 60,000 inhabitants, considered the question from the point of view of sewage improvements. He could not find out that the disease had any connection with sewage poison. It was formerly found in houses inhabited by people who were not overclean, and was not associated with the respectable classes of society.

Dr. Butterfield (West Kent) said that in rural districts diphtheria was not connected with sewers, but he had noticed the connection of the disease with large deposits of manure, especially in farm-yards.

Dr. Franklin Parsons showed that diphtheria had decreased in the rural districts and increased in towns, especially in large towns. He doubted whether they could attribute the existence of the disease to either the sewerage system or to the operation of the Education Act. In former years the mortality from the disease was very large in Paris, St. Petersburg, and New York. He also doubted whether the discharge of hot water in sewers could be attributed as the cause of the disease. It was his opinion that ultimately it would be found to be due to some organism, not necessarily parasitic, but residing in foul matter, which might be engrafted on the human body and assume the habits of the parasite.

Sir Wm. Moore had found that in the villages of India diphtheria was often present where there was neither drain nor sewer.

Dr. Thresh maintained that diphtheria was always associated with nuisance and filth, and he traced a curious coincidence between manure imported into districts and an outbreak of the disease.

Can a Crime or an Offence be Committed under the Influence of Hypnotic Suggestions? was the title of a paper read by Dr. Voison, of Paris. The paper contained several instances of attempts at murder, arson, and other crimes having been committed by persons under hypnotic influence. A dummy figure was placed in a bed, and the subject, having been hypnotized, was ordered to murder the figure, for which purpose a knife was placed in her hand. She was also enjoined on no account to reveal the name of the suggestor. The subject approached the bed, committed the supposed deed, and immediately afterwards denied any complicity, and refused to reveal the name of the suggestor. Another instance was given of a woman, who had committed extensive thefts in Paris, having been for several months under the influence of hypnotic suggestion.

Prof. Benedikt had given the matter of hypnotism much attention. He did not believe that crime could be committed under the influence of hypnotic suggestion. He had witnessed what he might term the comedy between the doctor and the patient enacted at a sitting. He did not for a moment attempt to doubt the genuineness of M. Voison's experiments, but he doubted for various reasons, chiefly the general absence of the necessary mechanism and accessories for crime that these experiments had any scientific significance. He ventured to express the opinion that these experiments could not, as a general rule, be made upon English or German patients.

Mr. E. Hart regretted that Prof. Benedikt entertained such views on the subject. He had himself frequently produced mesmeric sleep.

Surgical Treatment of General Paralysis.—Dr. Claye Shaw opened the discussion. He described the operation as being done by two holes trephined one inch apart, or by an opening three inches long and one inch wide over the parietal region of the skull.

Mr. Cribb proposed the larger opening.

Dr. Batty Tuke proposed removal of the membrane.

Craniectomy.—Dr. Victor Horsley read a paper on Craniectomy, assuming that the brain in microcephalic idiots grew quicker than the skull. He was led to perform Landois' operation by removing a strip of bone about half an inch broad from nearly one whole side of the skull. He operated upon a child who showed all the symptoms of idiocy, being restless, uttering loud cries, and being non-intelligent. The results of treatment were such as to remove all traces of the disease. Another child was born without fontanelles, who presented all the symptoms of an idiot. During the operation the child's temperature began to rise, and in a few hours was 104°. The respiration and pulse became weaker in a few days, and the temperature went up to 107°, and the patient died. This was not a case of shock, though the first risk in such cases is shock. He thought that in this case he had shown that the experiments of Eulenberg and Landois were verified, for he showed that there was in this case injury done to the heat centers in the motor cortex of the brain, and there could be seen in the brain, which he produced, injuries which would be seen as small punctiform hemorrhages. He thought that in such cases the operation should be divided into two parts:

1. The pressure ought to be relieved by a previous opening, because the brains of idiots were so close to the dura mater as to make operation almost impossible to perform without injuring the brain.

After the primary operation he thought, the secondary removal of a portion of the skull-cap could be easily performed.

On the Control of Railway Servants' Eyesight.—Mr. M. M. McHardy, F.R.C.S. Edinburgh, read a paper on this subject. He said that ophthalmic experts are necessary as examiners as regards color perception. The author would exclude all who manifested any degree, and Holmgren's test and method of using the same are recommended. And as regards acuity of vision, he recommended Snellen's standard test types. The state of refraction of the eye may be also of importance in deciding as to fitness of candidates, and the essential meaning of such terms as "long sight," "short sight," and "astigmatism"

must be explained to and grasped by railway authorities. A slightly short-sighted eye with sufficient unaided vision for railway purposes, may be a better and longer useful eye than a hypermetrope with the same amount of vision.

Dr. G. Mackay showed that in all the lines in Scotland the tests were inadequate, and the fewness of the refusals due to the supervision preventing incapable men from applying, and not to the tests themselves.

Antipyrin in the Incontinence of Urine in Children.—Many methods of treatment have been proposed and employed in incontinence of urine in children—belladonna and strychnine by Trousseau, electricity by Guyon, bromides, certain mechanical procedures, etc.· All, or nearly all, of these have been attended with success at times, but none is infallible—where one fails another remedy may succeed. Antipyin is now put forward by M. Gundez, who claims for it a place amongst the best of remedies in the therapeutics of this troublesome and common affection. Out of thirty-seven cases treated by this drug, nineteen were completely cured, fifteen much relieved, and in three only did the remedy completely fail. According to M. Gaudez, these results are much superior to those of other therapeutic measures. He administers it in wafers containing from seven to fifteen grains, or in a mixture. This latter may have from twenty to sixty grains, according to the age of the child, to be taken in divided doses with two hours' interval. The time at which the medicine should be given is of importance. Thus he found that a child who took the last dose at 8 P. M. would not micturate before 5 A. M.; while if taken later, between 9 and 11 P. M., the incontinence was often entirely suppressed, even in the second half of the night. In cases where the antipyrin treatment was successful, the improvement was manifest early; but it is advisable that it be kept up for at least fifteen days in order to insure a cure. The sensibility of children to the action of antipyrin is variable. Some who are not affected by twenty or thirty grains are cured by sixty grains. Sometimes the incontinence will return, in which case the dose should be increased and the drug long continued. Antipyrin is well borne by children as a rule. In one of the cases cited there was some gastro intestinal disturbance of slight moment, and in another a cutaneous eruption which soon subsided.

GERMAN AND RUSSIAN NOTES.

HERMAN MARCUS, M.D.

SUBLIMATE LANOLINE SALVE IN ERYSIPELAS.—In the Goetting Clinic sublimate lanoline salve is used with excellent results in the treatment of erysipelas. The affected parts are covered thickly with the salve, which contains 1 per mille sublimate, twice daily.—*Deutsche Mediz. Zeitung.*

GONORRHŒA.—Dr. Hanika (Munich) recommends that gonorrhœa be treated by filling the urethra with a powder, composed of equal parts of tannin, iodoform, and thallin sulphate. He claims to have been successful of curing the disease in a very short time whenever employing this treatment. The powder is introduced through a metal tube, fitted with an obturator, after the patient had emptied the bladder. The applications should be made night and morning.
—*Der Aerztliche Practiker.*

EUROPHEN, A NEW IODINE PRODUCT.—Dr. W. Siebel reports a new iodine product, europhen, which physiologically resembles very much iodoform. It is a yellow powder, insoluble in water, but freely soluble in alcohol, ether, chloroform, and oil. Fifteen grains may be given at one dose without any ill-results. Bacteriological examinations in pneumonic, typhoid, pyocyanic and prodiogiosic bacilli, in staphylococcus pyogenes aurens, micrococcus tetragenus, cholera, and Finkler-Prior's spirillæ, showed that europhen does not destroy the bacteria, but stops them in their growth. In its chemical composition europhen is isobutylorthocresoljodid. Being odorless and non-poisonous, Siebel thinks it greatly preferable to iodoform, as it possesses all its chemical and physiological qualities.—*Therap. Monathsheft.*

EICHHOFF reports success with the use of europhen in all venereal diseases except gonorrhœa. Constitutional syphilis, whether primary, secondary, or tertiary, is benefited by the local external and subcutaneous treatment.

Externally it is used in 1 per cent. and 2 per cent. salves:

℞.—Europhen..... gr. xxx.
Ol. olivarum..... ʒij.–gr. xxxiv.
Lanolin..... ʒv.–ʒij.
M.—Ft. ung.

A solution of europhen in olive oil is used as an injection, beginning with ¾ grain, and gradually rising to 1½ grains.

Non-venereal skin diseases such as eczema parasitarium, psoriasis and favus were not affected by europhen, while in the treatment of ulcus cruris, scrophuloderma, lupus exulcerans, and burns is proved very beneficial. This may be explained by the fact that europhen does not affect dry skin affections.—*Therap. Monathsheft.*

OXALIC ACID IN AMENORRHŒA AND ACUTE CYSTITIS.—Marsh recommends oxalic acid in amenorrhœa and acute cystitis in the following form:

℞.—Acidi oxalici..... gr. xv.
Syr. corticis aurantii..... ʒviiss.
Aquæ dest..... ʒiij.–ʒvi.
M.—S. One teaspoonful every four hours.
—*Therap. Gazette.*

THERAPIE OF HUCKLEBERRY.—Prof. Winternitz recommends a decoction of huckleberries (saccinium myrtillus) in the different forms of diarrhœa. He covers the dried berries with cold water and cooks them for two hours, stirring them up quite frequently. After the mass is syrupy-like, he separates it from the remaining berries and presses the juice from them out. He then cools the juice, after which it is ready for use. One to two teacupsful of this juice per diem is the dose.

Winternitz claims that this preparation will act beneficially in the most pernicious cases of diarrhœa.

He uses this decoction in gonorrhœa as an injection, and claims to be very successful with such treatment.—(*Blætter fuer Klin. Hydrotherapie.*)

HYDROTHERAPIE IN CROUPOUS PNEUMONIA OF CHILDREN.—Dr. Julius Fodor recommends hydrotherapeutic treatment in croupous pneumonia in children.

He cites following case as an example:

An eight months' old child had suddenly cramps, which disappeared in a short time. Two days later the child had cough, with difficult breathing, vomiting and insomnia. The diagnosis was croupous pneumonia of the right lung. Fodor ordered, mornings and evenings, a bath of 28° R. for five minutes, followed by drying and covering up the child for half an hour; he then ordered cold, damp compresses over the

trunk, changing them hourly, or if temperature would be high half hourly.

Soon after beginning this treatment the child stopped to vomit, the sleep returned, pulse improved, and expectoration took place without using expectorants. The fever was controlled by applying compresses and frequent baths. On seventh day, crisis, with fall of temperature and diaphoresis.

The child was then bathed only once daily. The compresses were renewed only every two or three hours; the infiltration disappeared in a few days, and the catarrh was soon entirely relieved.

—*Blætter fuer Klin. Hydrotherapie.*

A NEW SOLUTION OF CAMPHOR.—Dr. Carl Rossner (Stuttgart), recommends a solution of camphor in liquid paraffin as preferable to any other camphor solution. It may be easily solved with a little heat, and is a thin fluid, unchangeable and clear. Rossner kept a solution for five years, and found it after that time perfectly clear and useful. The proportions are: Camphor, gr. xxx; liquid paraffin, ʒii., of which solution 7–15 grs. may be injected with perfect safety.

—(*Wuerttemberger Med. Corresp.-Blatt.*)

ICHTHYOL.—*The Korrespondenz Blatt f. Schweizer Ærzte* recommends ichthyol in 20 per cent. vaseline salve as a reabsorbent in pleuritic exudates.

DERMATOL.—Dr. Sackur (Breslau) has used dermatol extensively, and came to the following conclusions:

1. Dermatol is an odorless, not dangerous, an excellent therapeutic agent in the treatment of all fresh aseptic, granulating wounds of the soft parts.
2. Dermatol is of no use in the treatment of sluggish wounds and abscesses, but if the suppuration has been combated sufficient long by antiseptic treatment to render the wounds aseptic, dermatol will hasten the cure.
3. I consider dermatol the best remedy for the treatment of sores of the lower part of the thigh.
4. It is of no value whatsoever in the treatment of all torpid, badly granulating wounds and sores.
5. Dermatol has most likely none of the antituberculous action of the iodoform.

Certainly it would be well to make other experiments with dermatol, considering that it might decrease the use of a remedy as much disliked as iodoform is.—*Berl. Klin. Wochenschrift.*

FRENCH NOTES.

A. E. ROUSSEL, M.D.

THE TREATMENT OF DIPHTHERIA (Prof. Loeffler).—The sublimate possesses a very decided action on this specific bacillus. Solutions of 1–10,000 rapidly destroy the germs deposited in the culture liquid; but in order to destroy the bacilli situated in the deeper tissues, it is necessary to use a solution of 1–1,000 for a period of twenty seconds.

The cyanide of mercury possesses the same bactericide action, but to a somewhat lesser extent.

The silver preparations give excellent results; while, on the other hand, chlorate of potash is absolutely inactive at 5–100.

Bromine does not seem to sustain its reputation, as a solution of 1–300 is necessary to destroy the culture germs, and one of 2.5 per cent. to destroy the bacilli.

Chloride of lime and chlorinated water exhibit an energetic action.

Absolute alcohol and ether immediately destroy the germs. The same result may be obtained with a solution of carbolic acid at 3 or 4 per 100.

The essences, in form of vapor, destroy these germs; but if brought in contact with the bacilli for a period of twenty seconds their development is not arrested.

The author arrives at the following practical conclusions: As a prophylactic measure in case of an epidemic, healthy persons may gargarize every three or four hours, for five or six seconds, with a solution of sublimate at 1–10,000 or 1–15,000, or, better still, with a solution of ⅛ to 10,000 of cyanide of mercury, which possesses a less disagreeable flavor. We may also use chlorine water (1–100) and thymol (1–500 and 20 per cent. alcohol). These gargarisms should be used every three or four hours.

Among the volatile substances, we may employ the essences of lemon, of eucalyptus dissolved in ether, and introduced into the nostrils by small pieces of absorbent cotton.

Patients should gargarize every one or two hours with feeble solutions, and every three or four times with a solution of sublimate, 1–1,000, or carbolic acid at 3 per cent. in 30 per cent. of alcohol, with a mixture of alcohol and turpentine, āā, with 2 per cent. of carbolic acid. In the intervals, applications may be made to the throat with a solution of carbolic acid at 5 per cent., chlorine at 1–100, bromine at 2 per cent.

At Missler's Clinic, excellent results have been obtained with the sublimate and carbolic acid. Patients quickly become accustomed to the disagreeable taste of the latter. After several days of this treatment bacilli are no longer found in the false membranes.

The diphtheria of scarlatina is very favorably influenced by the divers antiseptics. These patients support very well carbolic acid and seem to possess an immunity against symptoms of intoxication which are sometimes observed in other cases.

—*La France Médicale.*

ETHER AS A VEHICLE FOR MEDICAMENTS FOR EXTERNAL USE.—The inefficacy of medicaments employed in frictions depends in part upon their insolubility in the secretions of the sebaceous glands. Sawyer advises in these cases the use of substances dissolved in ether instead of oil or lard. Iodine, menthol, camphor, capsicum and belladonna have given him better results employed in this manner. The etherized solution of menthol has been very efficacious against pains accessible to external treatment.

NEW APPLICATION OF SALOL.—Dr. Ceppi calls attention to a new use of salol. It consists of utilizing it not as a remedy but as a *poste remède*. As salol is not dissolved in the stomach and is only acted upon by the pancreatic sugar, the author suggests its employment to envelop and protect medicaments which are only to act upon the intestine. The Ruatinized pills of Unna, already accomplished this end, but it would be useful to be able to prepare medicaments extemporaneously. Salol may be of use in these cases. Nitrate of silver, the vermifuges and the anthelmintics may be advantageously administered in this manner. Dr. Ceppi submits this question to the druggists, and asks them to find a *modus faciendi* which will resolve this problem.

GLYCEROLE OF TANNIN FOR THE ERUPTION PRODUCED BY IODOFORM.—In several cases of iodoformic eczema rebellious to all treatment, B. Micherkiewicz has found very useful the application of glycerole of tannin 1 to 3 parts of glycerine chemically pure.

THE BEST OF ANTISEPTICS FOR THE MOUTH—(Dujardin-Beaumetz):

R.—Water	1 pint.
Boric acid	½ ounce.
Carbolic acid	15 grains.
Thymol	4 grains.

—*La Médecine Moderne.*

Medical News and Miscellany.

DR. J. GIBBONS HUNT has adopted the Jaeger system of clothing in its entirety.

THE kind-hearted policeman who returns the lost child is the best heir restorer ever known.

THE oldest medical work—an Egyptian papyrus dating from 1,500 years or more before Christ, and containing prescriptions then old—has been translated by George Ebers, the German novelist.

JAW BREAKERS.—Nitrocenzolylnitrodiphenylamin—a yellow coloring substance. Methylbenzometholaethyletetrahydropyridincarbonate—artificial cocaine. Isobutylorthocresoljodid—europhen (an iodoform product).

IT is pretty generally understood that the Chair of Practice at Jefferson Medical College will not be permanently filled until next spring. Dr. J. C. Wilson will probably give the lectures on this branch during the coming term.

PROFESSOR JAMES E. GARRETSON has given up his city residence, and makes his home in Lansdowne, where he has built himself an elegant residence. Now that "John Darby" has joined J. Gibbons Hunt and John J. Reese at Lansdowne, this rapidly-growing suburb bids fair to rival Haverford as a center of culture.

VACCINATION IN AUSTRIA-HUNGARY.—The Secretary of State, of Austria-Hungary, has ordered all the county and city departments in the State to enforce the rules of public vaccination. By this order no child will be permitted to attend school, without being vaccinated. Where vaccination had been done during the last ten years they were exempt from revaccination, otherwise they must undergo it a second time.

THE Medico-Chirurgical College Faculty has received no accessions of new blood; the vacancies have been caused by the withdrawal of Profs. Goodman, Waugh, Stewart, and Stubbs. Profs. Garretson and Stellwagen have been out of the Faculty for some time, leaving Prof. Howell as the only representative of the Philadelphia Dental College.

It is said that nearly the entire Board of Managers of the Medico-Chirurgical Hospital will have resigned before the opening of the reconstructed building. It is to be regretted that the ladies who have done such a noble work for this hospital, and have made it known throughout the city and State, are to be scattered.

MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.—This is obtainable, at any time, by a member of any State or local Medical Society which is entitled to send delegates to the Association. All that is necessary is for the applicant to write to the Treasurer of the Association, Dr. Richard J. Dunglison, Lock-box 1274, Philadelphia, Pa., sending him a certificate or statement that he is in good standing in his own society, signed by the President and Secretary of said society, with $5 for annual dues. Attendance as a delegate at an annual meeting of the Association is not necessary in order to obtain membership. On receipt of the above amount the weekly journal of the Association will be forwarded regularly.

WEEKLY Report of Interments in Philadelphia, from August 15 to August 22, 1891:

CAUSES OF DEATH.	Adults.	Minors.	CAUSES OF DEATH.	Adults.	Minors.
Abscess	1	1	Hemorrhage		2
Aneurism of the aorta	1		Homicide	1	
Abortion	1		Inanition		15
Alcoholism	1		Inflammation bladder	1	
Apoplexy	9		" brain	3	9
Anæmia	1		" bronchi	2	5
Bright's disease	12	1	" kidneys	3	2
Burns and scalds	3	1	" liver	1	
Cancer	12		" lungs	4	10
Casualties	8	3	" pericardium	1	
Congestion of the brain	1	8	" pleura	1	
" " lungs	3		" s. & bowels	6	5
Cholera infantum		51	" spine	1	
Cholera morbus	2		" nerves	1	
Cirrhosis of the liver	4		Intussusception		1
Compression of the brain		1	Lymphadenma	2	
Consumption of the lungs	42	3	Marasmus		29
Convulsions		16	Neuralgia of the heart	1	
" puerperal	2		Obstruction of the bowels		1
Croup		2	Old age	16	
Cyanosis		7	Paralysis	5	
Debility	3	4	Purpura		1
Diabetes	1		Sore mouth		1
Diarrhœa	2	1	Stricture	1	
Diphtheria		8	Suicide	1	
Disease of the heart	22	3	Sunstroke	1	
" " liver	1	1	Syphilis	1	1
Dropsy		3	Teething		4
Dysentery	2	2	Tetanus		1
Effusion of the brain		1	Tumor	1	
Enlargement of the heart	1	1	Ulceration of the bowels	2	
Fever, malarial		2	Uræmia	4	
" remittent	1		Whooping cough		1
" scarlet		6			
" typhoid	14	5	Total	210	219

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending August 15, 1891.

BAKER, J., Passed Assistant-Surgeon. Detached from U. S. S. "Palos," and authorized to delay reporting in the United States for six months.

SAYRE, J. S., Passed Assistant-Surgeon. Detached from the U. S. S. "Ranger," and ordered to the U. S. S. "Palos."

MEANS, V. C. B., Passed Assistant-Surgeon. Ordered to the New York Naval Hospital, September 1.

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—*Chicago Tribune.*

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VEHICLE.—A Philadelphia physician was called by a foreign family, and prescribed "One pill to be taken three times a day, in any convenient vehicle." The family looked into the dictionary to get at the meaning of the prescription. They got on well as far as to the word vehicle. To this they found cart, wagon, carriage, wheelbarrow. After a grave consideration they came to the conclusion that the doctor meant that the patient should ride out, and while in the vehicle he should take the pill. The supposed advice was followed to the very letter, and in the course of a few weeks, the fresh air taken so regularly completely cured the patient. —*Cincinnati Artisan.*

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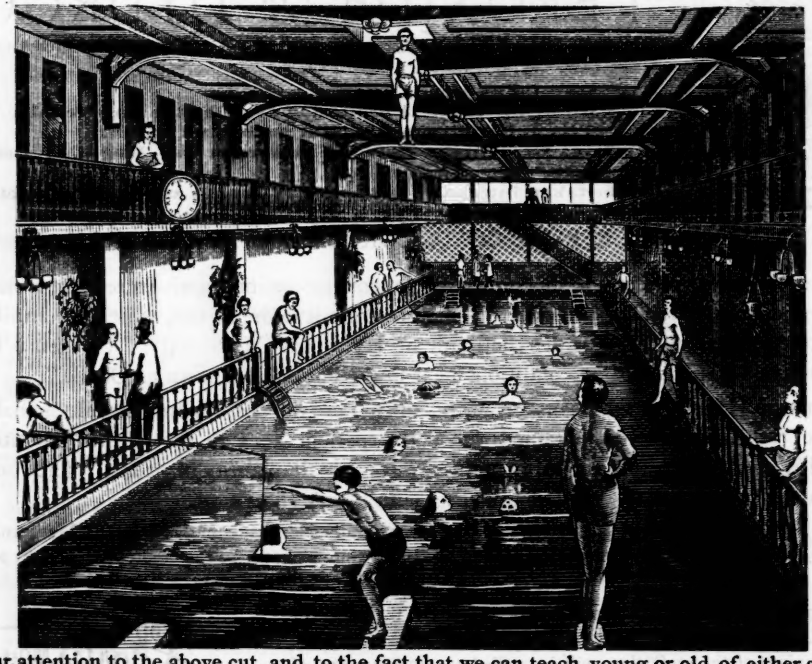

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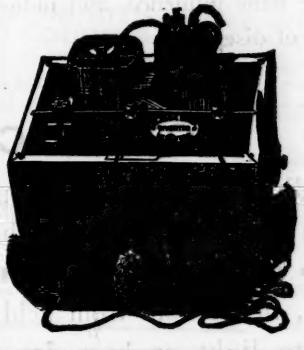

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